Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased lad retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis I MAR 6 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The state of the s			

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY.

F DEATH in plain terms, so that it may be properly classified.

should be carefully supplied.

CAUS TION

N. B.

ery important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

County - Grand - No N	1. PLACE OF DEATH		
Langth of residence in city or townishere death occurred.  Vis	County Garrall	Registration Dist, No. 70	
Langth of residence in city or town continues death occurred.  2. FULL NAME  (a) Residence: My  (b) Residence: My  (c) Residence: My  (c) Residence: My  (d) Residence: My  (e) Residenc	Village or City Janey town		
(a) Residence: No. (Class) place of shode?  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OF RACE  5. SINGLE MARRIED, WIDOWED  OR DIVORCES (curir the word)  6. DATE OF BIRTH (month, day, and with Log 22, 8 light of color of colo	Length of residence in city or town where death occurred vrs.		
(a) Residence: (b) Clustiflace of shode?  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (water the world)  5a. If married, widewed; (b) DATE OF PEATH  27. AGE  Years  Months  Days  If LESS than  I day, hts. or. min.  8. Trade, protession, or particular  SAW MILL, BANK, etc.  SAW MILL, BANK, etc.  10. Date Greated of world one as SPINNER, SAW MILL, BANK, etc.  10. Date Greated of world one as SPINNER, Sam Mill, BANK, etc.  11. Total time (years) spinning this occupation (month end year)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. MADEN NAME  14. SIBRTHPLACE (city or town)  (State or country)  15. MADEN NAME  16. DATE OF PEATH  16. DATE OF PEATH  16. DATE OF PEATH  17. INFORMANT  18. DATE OF PEATH  19. DATE OF PE	No 12 1		
Clusiaplace of shodes  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINCLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)  5a. If merried, wowards to the word of (n) to the word o		PA ×	
3. SEX  4. COLOR OR RACE  S. SINCE, MARRIER, WIDOWED, OR DIVORCED (unite the word)  5a. If merited, widowed and the second of the word)  6b. DATE OF BEATH  10b. Mills BARN of (loss)  1 HER, EBY CERT IF That I attended deceased from 1936; to 24 1, 1936; death is said to what come as PINNER, SAVYER, BOOKKEPER, etc.  1 List saw h			
OR DIVORCED (weits the word)  5a. If merried, modewords HUSBAND of HUSBAND of HUSBAND of HUSBAND of Grain and HUSBAND of HUSBAND of Grain and HUSBAND of Gra	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
8. DATE OF BIRTH (month, day, and years and ye	OR DIVORCED (write the word)	$1 \qquad \qquad 1/1 - \qquad 0/2 \qquad 193/2$	() Year)
7. AGE Years Months Days If LESS than I day, hrs. or white of the dete steted above, et	Sa. If merried, widoward or shorted HUSBAND of (or) WHILE OF Marcy P. Baker	L' 1 0 M 2/ 5 1 1 1 1 1 1 1	ed from
8. Trede, profession, or particular were estations:  9. Advisor was destation were estations:  9. Advisor was destation.  9. Advisor was destation.	6. DATE OF BIRTH (month, day, and year cug 23, 18 52	I last saw h alive on 9 1 2/24, 19.36; death	h is seid
8. Trede, profession, or particular Rind of work does as SPINNER, SAWYER, BOOKKEEPER, etc., Sawyer, Sa	8 2 5 9 2 0 1 dey,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. Determined diagnosis?  18. Determined diagnosis?  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  11. Totel time (yeers) spant in this occupation  Other Contributory Causes of importance:  Other Con	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Blurie Interstities 6.	MA AN
12. BIRTHIPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (State or country)  18. MAIDEN NAME  19. UNDERTAKER (Address)  19. UNDERTAKER (Signed)		Nehlinto at	M
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  What test confirmed diagnosis? Westhere en eulopsy?  23. If deeth was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Date of injury (State or country)  Where did injury occur?  (Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of Injury  Nature of Injury  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  17. INFORMANT (Address)  Manner of Injury  Nature of Injury  19. UNDERTAKER (Address)	this occupation (month end year)	Other Contributer Course of importance	4
What test confirmed diagnosis? Wes there en eulopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of Injury  19. UNDERTAKER (Address)  Accident, suicide, or homicide?  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Was disease or injury In eny wey releted to occupation of deceased?  19. UNDERTAKER (Address)  Manner of Injury  19. UNDERTAKER (Address)		Other Contributory Causes of Importance.	
What test confirmed diagnosis? Wes there en eulopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of Injury  19. UNDERTAKER (Address)  Accident, suicide, or homicide?  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Was disease or injury In eny wey releted to occupation of deceased?  19. UNDERTAKER (Address)  Manner of Injury  19. UNDERTAKER (Address)	II 13. NAME Devel / Oakle		
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. UNDERTAKER  (Address)  11. ON A CAMARA COUNTRY (IN INDUSTRY)	14. BIRTHPLACE (city or town) (State or country)		
Accident, suicide, or homicide?   Date of injury   19	15. MAIDEN NAME DOWN Helly		/:
(Specify city or town, county and State)  17. INFORMANT MUST Bellike Grant County and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)	16. BIRTHPI ACE (city or town)		19
17. INFORMANT ALLS OLLS Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of Injury  19. UNDERTAKER  (Address)  Antiquation of deceased?  (Address)	State or country)		
19. UNDERTAKER  (Address)  Antique of Injury  24. Was disease or injury In eny wey releted to occupation of deceased?  (Signed)  (Signed)		Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
19. UNDERTAKER Construction of deceased?  24. Was disease or injury in eny wey releted to occupation of deceased?  15. UNDERTAKER Construction of deceased?  26. Was disease or injury in eny wey releted to occupation of deceased?  27. Colorado Col	11. 20 1111 1111 1111		
(Address) Dantylaws Md. If so, specify (Signed)	pagace well unousell Date Jet 21, 192	Nature of Injury	
20. FILED Feb. 24, 1936 Ethel M Mehrines (Signed) - JA Belle M. D			0
focal Registrat. (Address) / Att 1 - 1 The		(Signed) GA, Bennett	/ M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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	Example I		Example II	
The principal cause of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAR 3 103	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
		17		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	PACE FOR FURTHER STATEMENTS	BY	PHYSICIA
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TION is very important. See instructions on back of certificate.

N. B.-WRITE mation, sh

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1530
1. PLACE OF DEATH	CERTIFICATE OF DEATH 1930
	15 74
County Large	Registration Dist. No.
Village or City Lykewille	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city of town where death occurred	
2. FULL NAME Vidella Deau	If U. S. Veteran, Specify WAR . 15 X-
(a) Residence: No. (Usual place of abode)	St., Ward. Selecte Abelian Ma
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIYORCED (write the word)  Landele  1. Single, Married, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH Locality (Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, and year) Way (Muchu) 1870	I lest saw h_Lt elive on \ Lkuky \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
7. AGE Yeers Months Deys If LESS than 1 dey,hrs.	to heve occurred on the date stated above, eV_SAA_m.  The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence
8 Trade profession or particular	wera as follows:  Date of onset
O Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Labor menerouse 3-11-96
9 Industry or business in which work wes done, as SILK MILL, SAW MILL RANK IN THE	a-11.Vb
10. Dete decesed lest worked at this occupation (month and yeer) occupation .	
12. BIRTHPLACE (city or town) Moulganegey Count	Other Contributory Causes of importance:
(State or country) Marcy Raised	Lychesis with Mental 1720
14. BIRTHPLACE (city or town) Mayelgo gerry o	Tafilinay
14. BIRTHPLACE (city or town) Marilgo gerry Co	Name of operation
(State of country) - waty have	What test confirmed diagnosis? Wes there an eutopsy?
16. BIRTHPLACE (city or town) At Leggar County	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide?
(State of County)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT A TO LEASE MA (Address) Ly Recurde Ma	Specify whether injury occurred in INDÚSTRÝ, In HOME, or in PÚBLIC PLACE.
18. BURINI, CREMATION, OR REMOVAL  PHACE SALE SELECTION Data Selection 1936	Menner of injury
19. UNDERTAKER A. E. Purifiliery (Address) Esteville md.	24. Was disease or injury in eny wey related to occupation of deceased?
20. FILED Deb 17, 19536 addany Much	(Signed) Maryd Ill Teers M.D.

Registrar.

(Address) \_\_\_

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 4 1936	July 5,1927	Peritonitis	3 days ago
MIREAU V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be

mation should be carefully supplied.

-WRITE PL

V. S. No. 1 β ż certificate.

TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may

	F MARYLAND	CERTIFICATE OF DEATH 1531
1. PLACE OF DEATH		93'0)
County Carroll	••••	Registration Dist. No.
Village or City Sykesvill		No. Springfield State Hospistal Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where de		_mosLO_ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME William E		03X*
(a) Residence: No. Granit	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWE OR DIVORCED Garite the world arried	
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of  Mary King		May 6, 1932 19 to February 4, 19
6. DATE OF BIRTH (month, day, and year) Oct	ober 26. 1874	im February A 1936
7. AGE Years Months	Deys If LESS th	an to have occurred on the date stated ebove, etm.
63 3	8   1 day,	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	rpenter	chronic myocardit
9 Industry or business in which work was done, as SILK MILL, Call SAW MILL, BANK, etc.		with sugar andral to
Date deceased last worked et this occupation (month and year)	11. Total time (years) spent in this pocupation	
12. BIRTHPLACE (city or town) Carroll (State or country) Marylan	County	Other Contributory Causes of importance:
E 13. NAME Evan H. Bell		
13. NAME Evan H. Bell 14. BIRTHPLACE (city or town) Unkno (State or country) Marylar		Name of operation None Dete of
15. MAIDEN NAME Mary Proct		What test confirmed diegnosis? Wes there an eu'opsy?
16. BIRTHPLACE (city or town) Unknown (State or country)	ia.	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Springfield St (Address) Sykesville,	ate Hospital	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURNAY CREMATION, OR REMOVAL	411	Manner of injury Notice of injury No
19. UNDERTAKER (Address)	Nose md.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed) WALLY P Harry MARKET AND

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	28		2 900

B.—WRITE PLALY, WIT UNFADING INK-THIS IS A PEI	mation should be carefully supplied. AGE should be stated E	CAUSE OF DEATH in plain terms, so that it may be properly	TION is very important. See instructions on back of certificate.
¥	ted	per	ific
IS	sta	pro	cert
HIS	pe	pe	of
E	nld	lay	ack
VK.	sho	it m	q u
H	H	at	S
NG	AG	th	ion
IDI	d.	s, se	ruct
F	plie	rms	nst
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	pe	AT	mp
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V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 1529
1. PLACE OF DEATH	4.00
County Cassall	Registration Dist. No. 70
Village or City Langton Diste	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred 3.5 yrs. O mos.	
2. FULL NAME COLA Melecca B	ttle
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DYORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
53. If married, widowed, or divorced HUSBANO of (or) WIFE of Andrew, Bittle	22. JW I HEREBY CERTIFY. That lattended deceased from
6. DATE OF BIRTH (month, day, end year) Fane 28-1878	I last sew h.ev alive on Tuby 36; deeth is said
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date steted above, at 1
Ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc	Clerence of 24
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	in contract of the
10. Date deceased last worked at this occupation (month and year) this occupation (month and year)	
12. BIRTHPLACE (city or town) - Maryland (State or country)	Other Contributory Canges of importance:  Hypotenius Cerelis  1/4/10/10/10/10/10/10/10/10/10/10/10/10/10/
13. NAME Lawly Study	Water Velle Contract
13. NAME factor fively  14. BIRTHPLACE (city or town)  (State or country)	Name of operation.
C Dollar Dil	What test confirmed diagnosis
	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
State or country)  16. BIRTHPLACE (city or town)  (State or country)	Where did Injury occur?
17. INFORMANT andrew Bittle (Address) Tankstown Md. P.D.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL md. Feb 21, 19.36	Manner of Injury
19. UNOERTAKER J. Little & Son (Address) Little Sown (PH, Page An)	24. Wes disease or injury In any way related to occupation of deceased? ??
20. FILED FILES. 19. 1936 Mary B. Wilt. Registrar.	(Signed) Morriso An Hastin M. D.  (Address) Danish Work
	2411 N. Charles Street, Baltimore, Requesting U. S. Wo. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAR 3	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

IARGIN RESERVED FOR BINDING

V. S. No. 1 P

PHYSICIANS should state Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. properly classified. certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be See instructions on back of mation should be carefully supplied. -WRITE-PRAINLY, WITH TION is very important. STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		12.0	
County Carroll		Registration Dist. No. 2	4
Village or City Sufferiolle	(IF	No. Springfield State Harristal death occurred in a horpital or matitution, give its NAME instead of street and	ward number)
Length of residence in city or town where death	occurredyrsmos.	ds. How long in U.S. if of foreign birth?m	osds.
2. FULL NAME Catherine	Bowers	If U.S. Veteran specify WAR.	
(a) Residence: No. Pur M	(Usual place of a lode)	St., Ward.  If nonresident give city or town and	3 State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Telurania (Month) (Day)	, 193 <b>6</b> (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BFRTH (month, day, and year)	Bowers -		2 ~ 1
7. AGE Years Months	Days If LESS than 1 dey,hrs. ormin.	to have occurred on the dete stated ebove, et. 5:15. Fm.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPPR, etc	man	Bronchopneumonia	2-7-36
SAW MILL, BANK, etc	11. Total time (years) spent in this occupetion	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	wil	arteriorlerona	1932
13. NAME  14. BIRTHPLACE (city or town)  (Stete or country)	oue	Neme of operation Date of What test confirmed diagnosis? Clinical Symptometers an	autopsy? \\O_
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  17. INFORMANT	antin when	23. If death wes due to external causes (VIOLENCE) fill in also the followin Accident, suicide, or homicide?	, 19
18. BURIAL, CREMATION, OR REMOVAL Place Programmed Prog	ate 2//2 ,193/2	Menner of injury	
19. UNDERTAKER POUR CR. (Address) Woods to	ey Heel Registrar.	24. Wes diseese or injury in eny wey releted to occupation of deceesed? If so, specify (Signed) M. Dirajuna Blyer (Address) Sylexuille Mf.	До м. d.

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11.—The number of years the deceased followed the occupation.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	
Arterioscierosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by strect car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
SI SPAUV S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state TARGIN RESERVED FOR BINDING N. B.—WRITE PLAINLY, WIT

Α-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
UP	1. PLACE OF DEATH	
8	County arrall	Registration Dist. No 74
0	Village or City Sexuelle	No Reinafield State Parkertal Ward
0	(If Length of residence in city or town where death occurred 4-yrs 7 mos.	death occurred in a horpital or institution, give its NAME instead of street and number)
leni	$\mathcal{P}$	
ten	2. FULL NAME Jus Hauer	If U. S. Veteran, specify WAR 0001
stat	(a) Residence: No. 1205 W. Louis place of abode)	St., Ward Satting Mid.  If nonresident give city or town and State
act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / 4
	female white married	(Month) (Day) (Year)
classified	5a. If married, widowed, or divorced HUSBAND of	
ISSI	(or) WIFE of Naucy Scauce	22. I HEREBY CERTIFY, That I ettended deceased from 19.3 1, to telegraphy 19.9 6
	6. DATE OF BIRTH (month, day, and year) February 20, 1878	Hest saw hele elive on February 6 19.7 6; death is said
properly certificate.	7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 8 a m.
ope	57 // /8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trade, profession, or particular	Were estimows. Oate of onset
pe of	Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	General arteriorderosis 1925
may	9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
t it m on ba	3 10. Date deceased last worked at 11. Total time (yeers)	
	this occupation (month and spent in this occupation	
th	12 RIDTURIACE (city or town) Rallinuste	Other Coutributory Causes of Importance:
, so	12. BIRTHPLACE (city or town) Lacutude (State or country) Warry Laud.	
terms, so tha instructions	II 13. NAME Curturaian	
40	[ ]	Name of operation Dete of
64	(State or country) Uncharacter	What test confirmed diagnosis? Wes there an eutopsy? "Ho
n pl	15. MAIDEN NAME Much washes	23. If death was due to external causes (VIOLENCE) fill in also the following:
OF DEATH in p very important.	0 16. BIRTHPLACE (city or town) Mulaciona	Accident, suicide, or homicide?
DEATH y import	X (State or country) Mulauou	Where did injury occur?
DE	17. INFORMANT Paspectal Records	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
OF ver	(Address) Syptemical Ma	
हा ह	18. BURIAL, CREMATION, OR REMOVAL  LOSALOW  Pola Leke // 10.36	Manner of injury
CAUS	Hid A Bloc	Nature of injury
CAU	19. UNDERTAKER THE COLOR	24. Was disease or injury in any way related to occupetion of deceased?
	(Address) Palburate Mid.	If so, specify  (Signed) Mand III Rela. M.D.
(1)	20. FILED 46 . 8 , 19 06 Process	(Signed) Maria W. M.
0		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1		VARGIN	RESERVE	VARGIN RESERVED FOR BINDING	OING
N. B.	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	TILONFADI	NG INK-TH	IS IS A PERM	ANENT
n	mation should be carefully supplied. AGE should be stated EXACTLY	ly supplied.	AGE should b	e stated EXA	CTL
0	CAUSE OF DEATH in plain terms, so that it may be properly classified.	lain terms, so	that it may b	e properly class	ssified.
	TION is very important.	See instruct	ions on back o	f certificate.	

County Carroll	Registration Dist. No.
Village or City Int. Pleasant	No. St., Wideath occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mos
FULL NAME Ezra David Bye	2 A A .
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH TO 17
male White midowed	(Month) (Day) (Year)
If married, widowed, or divorced HUSBAND of Science Bankard Byer.	22. / I HEREBY CERTIFY. That I attended deceased in
(or)-WIFE of	Jun 1 1 1996, to Frede 16 , 193
DATE OF BIRTH (month, day, and yeer) July 17 2844	I last saw h. Land alive on Fall Some 195 ; death is
AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 12-3-m.
9/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular	were es youews:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Jashie alter
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10 Pate deposed last worked at 11 Total time (years)	
this occupation (month and 1920 spent in this sa-	
RIDTHPLACE (city or town) le servoll le o	Other Contributory Causes of importance:
(State or country)	
13. NAME looks Buch	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country) Med.	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME & Completto mueste	23, If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) md.	Where did injury occur?
INFORMANT Para herrie Brothers	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) R. E. L. Westminsto Ind	<b>4</b>
BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cricles Gem. Date + eb. 30, 1936	Nature of injury
UNDERTAKER H. Bankard Jan	24. Wes disease or injury In eny way related to occupation of deceased?
(Addiess) Westminster Ind.	It'so, specify Off Off
11 - 111111	(Signed) May bould a supplied to the supplied of the supplied to the supplied

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	Example I		Example II	
The principal cause of importance were as Arteriosclerosis	f death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial neph	rilis age a 3000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 0 1936	July 5, 1927	Peritonitis	3 days ago
	5			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

	O-CERTIFICATE OF DEATH 1536
	reulosis sanatorium
COUNTY	ed Branch (23 Registration Dist. No. 74
Village or City Henryton, Maryland.	NoSt., Ward
Length of residence in city or town where death occurred.	No. St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsds
2. FULL NAME Raymond Somerset Campl	Name
(a) Residence: No. LaPlata, Charles Co.	, Md • St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE	21 DATE OF DEATH
Male Colored OR DHORFE Courte the wor	rd) February 22, 1936
a. If married, widowed, or divorced	(Month) (Oay) (Yeer)
HUSBAND of (or) WIFE of Harriett Campbell	June 7, 1935, 19 to 180., 22, 1930
DATE OF BIRTH (month, day, and year) Jan., 25, 1900	I last saw h 1m elive on Feb., 22, 19369 ; death is sain
. AGE Years Months Deys If LESS to	The state of the same state of
36 0 28 1 day	
6. Trade, profassion, or particular kind of work done, as SPINNER, Laborer	Pulmonary Tuberculosis Jan.
SAWYER, BUUKKEEPER, etc.	1935
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date daceased last worked et 11. Total time (years)	
this occupation (month and Ungert lathis year)	
2. BIRTHPLACE (city or town) LaPlata	Othar Coutributory Causes of importanca:
(State or country) Maryland.	
13. NAME Francis Campbell	
14. BIRTHPLACE (city or town) LaPlata,	Name of operation Oeta of
(State or country) Maryland.	What test confirmed diagnosis? Wes there en eutopsy?
15. MAIOEN NAME Katie Barnes	23. If death was due to external causes (VIOLENCE) fill In also tha following:
16 BIRTHPLACE (city or town) LaPlata,	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) LaPlata, (State or country) Marylana.	Where did injury occur?
ZINFORMANT John E. O'Neill, M. D.,	(Specify city or town, county and State) Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Henryton, Maryland.	
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Date 19	Nature of injury
19. UNDERTAKER VALUE Sou Une	24. Was disaasa or injury in any way related to occupation of deceased? NO
(Address) syllapyl VIII.	If so, specify
20. FILEO 2/22/36 19 Multiple March 19	) (Signad) M. C. M. C. M. C. M. C.
Deputy Local Registry	dr. (Address) _ Hellryton Marylond

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis 4 1036	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 1300	July 5,1927	Peritonitis	3 days ago
1 V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

PHYSICIANS should state

of OCCUPA-

Exact statement

STATE OF MARVI AND-CERTIFICATE OF DEATH

OTATE OF MARKE	LAND	OLIVINIONIE OF DEATH	3.2
		erculosis Sanatorium	O 3
County Carroll	Colo	red Branch 23 Registration Dist. No. 74	
Village or City Henryton, Maryland	đ	No. (Above)	Ward
	(16	death occurred in a hospital or institution, give its NAME instead of street and n	umber)
	yrs <del>_</del> mos		sds.
2. FULL NAME Lewis Chesley		If U. S. Veteran, specify WAR.	
(a) Residence: No. 926 Woodyear St			√ 
PERSONAL AND STATISTICAL PARTIC		If the the state of the state o	State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARR.		21. DATE OF DEATH	
Male Colored OR DIVORCED	(write the word)	February 16, 193	63
5a. If married, widowed, or divorcad		(Month) (Day)	(Yaar)
HUSBAND of (or) WIFE of Mattie Che	eslev	22. I HEREBY CERTIFY, That I attended of	
		Jan., 15, 1936, 19, 16, 16, 1	9,36
6. DATE OF BIRTH (month, day, and yeer) Sept., 1,			; death is said
7. AGE Years Months Days	If LESS than 1 dey,hrs.	to have occurred on the date stated above, at 4 • 10 A. M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
0070	ormin.	ware as follows: Pulmonary Tuberculesis	Date of onsat
8. Trade, profession, or particular kind of work done, as SPINNER, Labore: SAWYER, BOOKKEEPER, atc	r	ratmonary raborcarous	
9. Industry or business in which			
SAW MILL, BANK, etc.			July
this occupation (month and Unknown spent vear)	ie (years) in thisUnkno	wn	1935
Оссар	ation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Mechanicsville	B		
(State or country) Maryland			
13. NAME Lewis Chesley  14. BIRTHPLACE (city or town) Mechanics ville			
4. BIRTHPLACE (city or town) Maryland (State or country) Maryland	<u>-</u>	Nama of operation Date of	No
	11	What test confirmed diagnosis?	
15. MAIDEN NAME Sallie Marshe 16. BIRTHPLACE (city or town) Mechanicsville	8	23. If death was due to external causes (VIOL ENCE) fill in also tha following:	
Olifo Birthplace (city or town)  (State or country) Maryland		Accident, suicide, or homicide? Date of injury  Whera did injury occur?	, 19
Tohn P OlNoill No	D.	(Specify city or town, county and State	)
17. INFORMANT JOHN E. O NGILL, M. (Address) Henryton, Md.		Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	GE.
18. BURIAL, CREMATION, OR DEMOVAL C	21. 1	Menner of injury	
Place J July Date 1 2	419,196	Natura of injury	
19. UNDERTAKER MARENCE C. Wright		24. Was disease or injury In any way related to occupation of deceased?	0
(Address) 700 Carrolton As	E.	If so, spacify	•
20. FILED 2/16/36 19 Multiple	Mills	(Signed) Mw (S) Wee	UM.D.
Deputy Local	Registrar.	(Address)	on rue
If more blanks are needed, add	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 4 1936	July 5, 1927	Peritonitis	3 days ago
	BUSFAU V. S.			
Other contributory can	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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	ADING INK-THIS IS A PERMANENT RECORD. EVE	ed. AGE should be stated EXACTLY. PHYSICIAL	is, so that it may be properly classified. Exact stateme
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certificate.

Jo back

instructions

STATE OF MARYLAND—CERTIFICATE OF DEATH of\_OCCUPA 1. PLACE OF DEATH County Carroll Colored Branch 23 Village or City Henryton, Maryland.

Maryland Tuberculosis Sanatorium

21. DATE OF DEATH

Neme of operation.

Manner of injury

Accident, suicide, or homicide?\_

Where did injury occur?\_\_

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number)
nos. 23 ds. How long in U.S. if of foreign birth? How long in U.S. if of foreign birth? XXXXX

MEDICAL CERTIFICATE OF DEATH

EREBY CERTIFY, That I attended deceased from

(Specify city or town, county and State)

25.

(Year)

Bata of opent

1934

February 25, 1936

to have occurred on the date steted above, at 6.45 2.M.

The PRINCIPAL CAUSE OF DEATH and releted causes of importance

were as follows: Pulmonary Tuberculosis

What test confirmed diagnosis?

23. If deeth wes due to external causes (VIOLENCE) fill in also the following:

Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,

John Clark 2. FULL NAME If U. S. Veteran, specify WAR.

1723 McCulloh St., Baltimore, Maryland. (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Male Colored Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Length of residence In city or town where death occurred \_\_\_\_

20, 1888 6. DATE OF BIRTH (month, day, and yeer) May 7. AGE If LESS than Months Days 47 9

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... Porter Andustry or business in which

Hotel work wes done, as SILK MILL, SAW MILL, BANK, etc ....

10. Date deceased last worked at this occupation (month and year) ---- Unknown 11. Total time (years) U Spent in this

Hagerstown. 12. BIRTHPLACE (city or town) Maryland (State or country)

Unknown 13. NAME Unknown 14. BIRTHPLACE (city or town) Unknown (State or country)

Hannah Clark Unknown 16. BIRTHPLACE (city or town)

Virginia O'Neill, M. D. John E. 17. INFORMANT

(Address) Henryton, Maryland 18. BURIAL, CREMATION, OR REMOVAL

19 UNDERTAKER

Registrar.

24. Wes disease or injury in eny wey related to occupetion of deceased?. If so, specify (Signed)

(Address) nenryton, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

See 15. MAIDEN NAME (State or country)

in terms, refully pla should

OF

CAUSE mation

S. No.

WRITE

B

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	Example I	1	Example II		
The principal cause of importance were	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	22 4 4 . E . E . E	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cercbral hemorrhage	MAR 4 1938	July 5, 1927	Peritonitis	3 days ago	
63	ELISTAL V. S.				
Other contributory ca	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
dansiones		May 1,1925	Gastroenterius		

V. S. No. 1

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	LIT	no	SE	Z
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V. S. No. 1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	H	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION IS very important. See instructions on back of certificate.
'n	· I		(	1
>	14	16	1	-

1. PLACE OF DEATH  County Carroll	SPOSATE LIMITE	-	92·a	X Registration Di	ist. No. 76	
Village or City Westmer	ester		No. death occurred in a hospital or institu	tion, give its NAME i	St.,	Ward
Length of residence In city or town where	death occurred2.0.			f foreign birth?		
2. FULL NAME Jelorence	& Virgini	ia Co	rbin	· ·		
(a) Residence: No. 232	(Usual place of a	bode)	St., Ward.	If uonresident gi	ive city or town and	State
PERSONAL AND STATIST	TICAL PARTICL	JLARS	MEDICAL C	ERTIFICATE	OF DEATH	
3. SEX 4. COLOR OR RACE  W.	5. SINGLE, MARRIED OR DIVORCED (1		21. DATE OF DEATH	(Month)	264	, 193 6
5a. If married, widowed, or divorced	· · · · · · · · · · · · · · · · · · ·			(Month) {	(Day)	(Yeer)
HUSBANO of (or) WIFE of William	Corbin		Charles and the Property of the Control of the Cont	CERTIFY		
6. DATE OF BIRTH (month, day, and year)	march ?	-1855	I last saw h alive on		, 19	.; death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date state	d above, at	m,	
8. Trade, profession, or particular		l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEAT were as follows:	H and related causes	of Importance	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	none		C C	4 /		
work was done as SILK MILL			Levebral	Hecero	orhogr,	Oct. 34
SAW MILL, BANK, etc	11. Total time spent in occupati	this .		***************************************		
			Other Contributory Causes of impo	ortance:		
(State or country)			The mother.	Bron		3/2/3
.1 0	11: 1:		770300	0 0 7 4420		121/2
13. NAME William 7	and the	9	Name of annualism		Date of	
14. BIRTHPLACE (city or town) (State or country)	1.		Name of operation			1
15. MAIOEN NAME TO CALL	to los	1.	23. If death was due to external cau			
E COLUMN	an oraș	11	Accident, suicide, or homicide?	-1.		
O 16. BIRTHPLACE (city or town)	d.		Where did injury occur?		ite of mjury	, 13
17. INFORMANT G. C. Corbo (Address) 24 Corbo	n h	- d	Specify whether injury occurred in	(Specify city or to	own, county and State IE, or in PUBLIC PLA	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL	sett,	24.	Manner of injury			
Place Travidma Ceny Michan	washing Jeb	29,1936	Nature of injury			
19. UNDERTAKER A Bankara (Address) M. A. Tanin	dtan	h d	24. Was disease or injury in eny w	related to occupati	ion of deceased?	lo-
20. FILED 2/27 1936	1111	-1200	(Signed)	wite 13	our	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
desc.			
-	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:	

V. S. No. 1 N. B.—

1. PL	ACE OF DEA		JE MAK	TLAND	CERTIFICATE OF DEATH	540
Co	ounty Car	roll			Registration Dist. No	74
	llage or City			(If	No. State Hospital  death occurred in a hospital or institution, give its NAME instead of street and  ds. How long in U.S. if of foreign birth?  yrs.  n	Ward
1				yrsmos	ds. How long in U.S. If of foreign birth?yrs	10sds.
	LL NAME			7.7 1	0001	
(a	) Residence: No.	3041 Ch	esterile (Usualplace	of abode) Balt	St., Ward.  i more. Md. If nonresident give city or town and	d State
P	ERSONAL AI	ND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX Mal		or or race		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH February 9 (Month) (Day)	, 193 <sup>6</sup>
5a. If mar	ried, widowed, or div BAND of					
(or)	WIFE of	M	UT.		22. I HEREBY CERTIFY, That I attended April 19 16 to Feb. 9,	deceased from
6. DATE (	OF BIRTH (month, d	av end vear) N	ov. 27.	1884.	liast saw h im alive on Feb. 9, 1936	: death is said
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at 6:45 m.	
	51	2	11	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
ō l	rade, profession, or kind of work done SAWYER, BOOKKE Industry or business work wes done, as SAW MILL, BANK,	es SPINNER, EPER, etcR	etired.		Bronchial Pneumonia Pulmonary tuberculosis	2 day 1935
10. 0	ate deceased last w this occupation (m year)	orked at onth and	spe	ime (years) nt in this upation		
	IPLACE (city or town State or country)	) Balt	imore		Other Contributory Causes of importance: Epileptic psychosis	1915
13. N	AME NO	t known				
14	IRTHPLACE (city or (State or country)	town) ti ti			Name of operation Dete of What test confirmed diagnosis? Was there an	autopsy?
15. M	IAIDEN NAME	ot know	n	distanting.	23. If death was due to external causes (VIOLENCE) fill in also the followin	g:
15. M	(State or country)	town) ( nwot			Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFOR	7	aret Do	9.0 7		(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	ite) LACE.
	L, CREMATION, OR	REMOVAL A	Date the	12,1936	Manner of injury	
19. UNDE	RTAKER Jole	wa. V	Morau		24. Was disease or injury in any way related to occupation of deceased?	us.
	Address) 0200	4 €. B.	alte SV.		If so, specify	
20. FILED	410.15	1936 QA	any x	Registrar.	(Signed) // // // // (Address) Sykesville, Md.	M. I

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimbrel. Registing & SNO Late 10 Spital

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Example I	i /	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	(a)		
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	Mog 1,1923	Gastroenterilis	1 year

1. PLACE OF DEATH		97)	7年1
County Cari	coll	Registration Dist. No.	
Village or City Carl	(	No. St.,  If death occurred in a hospital or institution, give its NAME instead of street and numbers.  John March 1988. How long in U.S. if of foreign birth?  John March 1988. How long in U.S. if of foreign birth?  John March 1988. How long in U.S. if of foreign birth?	Ward mber)
2. FULL NAME JE	ames Edward Evans arrollton, Md.		
PERSONAL AND STAT	ISTICAL PARTICULARS	If nonresident give city or town and St  MEDICAL CERTIFICATE OF DEATH	tate
. SEX 4. COLOR OR RAC	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH February 22, (Month) (Day)	193_6 (Year)
e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Eurith	R. Abbott Sept. 18, 1860	22. I HEREBY CERTIFY. That I attended de about april 17 , 1933, to 50 22 20 11 last saw harman alive on 50 20 20 1936;	, 19.3.4
. AGE Years Mont	hs Days If LESS than 1 day,	to heve occurred on the date stated above, at 4 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onset
kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	(retired)  [11. Total time (years) spent in this occupation	Other Contributory Causes of importance:	yeurs
2. BIRTHPLACE (city or town) (State or country)	Maryland	Other State and States of Importance.	
13. NAME NOT KY  14. BIRTHPLACE (city or town) (Stete or country)	nown not known	Name of operation. Date of	مار الم
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	not known	23. If death wes due to external causes (VIOLENCE) fill in eiso the foliowing:  Accident, suicide, or homicide?  Where did injury occur?	
	Evans inster, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC  Manner of injury	E.
	Md Date Feb. 24,19 30 Trancis Reese minster, Md.	Nature of Injury  24. Was diseese or injury in any way related to occupation of deceased?  If so, specify  (Signed) C. L. Bullung R. L.	
	Registrar.	(Address) W. S.	und:

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1885 C 3000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

-WRITE PLAINLY, WITH

V. S. No. 1

certificate.

TION is very important. See instructions on back of

PHYSICIANS should state Exact statement of OCCUPA-

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE	OF DEAT	TH C	) MIMIX	LAND	Page 154	5
County	Carro	11			Registration Dist. No.	all land
		kesvill	е		No. Springfield State Hospital	Ward
			Section 1		death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of r		y or town where		-	How long in U.S. if of foreign birth?yrsm	losds.
2. FULL N (a) Resid	7		. Fahrne timore S (Usual place	t., Hage	rstown, Waryland.  If nonresident give city or town and	I State
PERSO	NAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male	4. CoLoi Whi	r or race te		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH February 24th, 1936 (Month) (Day)	., 193(Yeer)
5a. If married, wid HUSBAND of (or) WIFE of	lowed, or divor	known			Jan. 6, 33 Feb. 24th,	
						19
				14, 1866	I last saw harmalive on Total 19 00	_; death is said
	Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date steted above, at 9 a.m.	
	69	5	110	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	Date of onset
9. Industry of work of SAW M	or business in was done, as S WILL, BANK, e	which ILK MILL, Cal tc	abinetmak binetmak			
12. BIRTHPLACE		Unkno			Other Coatributory Causes of importance:Involutional-Melancholia	Prior-
1		iah Fal			T	to
I			nown ylvania		Name of operation None and lab. finding	ne, 1931
15. MAIDEN	NAME Cla	rinda V	Williams		23. If death was due to external causes (VIOLENCE) fill in also the followin	
	or country)	Marylan	nd		Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Springfield State Hospital (Address) Sykesville, Md. (Records)			State He	sectal)	(Specify city or town, county and SIM Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ie) .ACE.
18. BURIAL, CREM		in md	Date Fel	2 1, 1936	Menner of injury	
19. UNDERTAKER (Address)	Scot	17 mi	mich N	ld on		No
20. FILED	624	36 Ca	Harry	Heer Registrar.	(Signed) Cohert P Harry (Address) S. S. Hospital, Syke	sville

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AD 4 1036	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
*UREAU V. S			
or control or format or any or an analysis of the second or an analysis of the second or analysis of the second			1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	.1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

N. B.—WRITE PLAINLY, WITH

STATE OF	MARYLAND—CERTIFICATE OF DEATH	154
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1. PLACE OF DEATH	MARTEAND	CERTIFICATE OF BEATH 3010	9/ 3	
County Rucell		Registration Dist. No. 7	14	
Village or City Le Resea	ille	No. Reing full Stile Harry	Ward	
Length of residence in city or town where dea		If death occurred in a horpital of institution, give its NAME instead of street and n s	umber)	
2. FULL NAME Elis af	It Foh	exIf U. S. Veteran, specify WAR		
(a) Residence: No. 30 / 8	& Parlois ST	CLASA. Ward.		
(a) nosidence. No.	(Usual place of abode)	If nonresident give city or town and	State	
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Qay)	193	
5a. If married, widowed, or divorced HUSBANO of		(Month) (Oay) (Yeer)		
(or) WIFE of		22.   I HEREBY CERTIFY, Thet I attended d	leceesed from	
1882	1	I last sew hat alive on the state of 17 1996	19.	
6. DATE OF BIRTH (month, dey, and year)  7. AGE Years Months	Oays If LESS than	to have occurred on the date stated ebove, at	; death is said	
seared 5-4	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance		
8. Trade, profession, or perticular kind of work done, as SPINNER,	1 01	were as follows:	Oate of onsat	
SAWYER, BOUKKEEPER, etc.	reare	Chronic sugocarditis with		
		myocardial degenration	7	
10. Oate deceased last worked at this occupation (month and	11. Total time (years) spent in this	Jewalyed atmoschooces	??	
year) occupation		Other Contributary Causes of Importance:		
12. BIKTHPLACE (City of town)	lucesto		9	
	y Cucs	Chrome interstitud nephortis		
E	6			
4 14. BIRTHPLACE (city or town) (State or country)	elle to	Nema of operation Date of	4-	
		What test confirmed diagnosis? Was there an au		
E	h	23. If death was dua to axternel ceuses (VIOLENCE) fill in also the following:		
O 16. BIRTHPLACE (city or town) (State or country)	us io	Accident, suicide, or homicide?	, 19	
17. INFORMANT Suspertage (Address)	Readed	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	pete Feb 27 1936	Menner of injury		
Id dlask wh	melal	Neture of injury	MA	
19. UNOERTAKER TY. CANAL (Address)	et.	24. Was disease or Injury In any way related to occupation of deceased?	700	
41	my Here	(Signed) Maced U. Cess	M. D.	
20. FILEO. 344	Registrar.	(Address) Syfice mills m	d	
If more bla	inks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Kequesting U. S. No. 1.	,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II			
The principal cause of death and related causes of importance were as follows:	Pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis MAR 4 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
MUREAU V. S	'			
The state of the s				
Other contributory causes of importance:		Other contributory causes of importance:	24.	
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1 -1	

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

See instructions on back of certificate.

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20. FILEO ....

CAUSE OF DEAT TION is very CAUSE OF

carefully supplied. AGE should be H in plain terms, so that it may be

AD. Every item of infor-

STATE OF MARYI AND	-CERTIFICATE OF DEATH 1544
1. PLACE OF DEATH	CERTIFICATE OF BEATTI 1044
	#B / X 7/
County Darroll	Registration Dist. No.
Village or City Mr. Westminster	No. St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)
1 4	sds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Henry Francis Flow	ler
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Widowed, OR Divorced (write the word)	21. DATE OF DEATH 2 / 0 - ,193 (Month) (Day) (Year)
HUSBANO of Cora Frowler (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
5. DATE OF BIRTH (month, day, and year) Jam. 19 - 1872	
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8:20 m.
64 - 21   1 day,hrs.	mere se follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Harris SAWYER, BOOKKEEPER, etc.	Common of stomach Data of onest
Industry or business In which work was done, as SILK MILL, Grun H arm.	
10. Oate deceased last worked at this occupation (month and 1933 spent in this occupation 23	
(2. BIRTHPLACE (city or town)	Other Contributory Causes of importance
13. NAME & dward Towler	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of 200
15. MAIOEN NAME NOT Known	What test confirmed diagnosis? Was there an au'opsy?
	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide
7. INFORMANT My Gora Forder Caddress Phil My administration	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 1.21 Western 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Der Cark bemoete tet 13, 1936	Nature of injury
19. UNDERTAKER HBanbard &	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) Out entiminate (mar)	If so, specify

Registra

(Signed)

(Address)

M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis MAR 6 1936	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

UNFADING INK-THIS IS A PERMANENT RECORD. Every -WRITE PLAINLY, WITH

AGE should be stated EXACTLY.

mation should be carefully supplied. AGE should be stated EXACTL CAUST OF EATH in plain terms, so that it may be properly classified.

important. See instructions on back of certificate.

TION

PHYSICIANS should state

of OCCUPA.

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH 1545

1. PLACE OF DEATH		46-DV
County Curroll		Registration Dist. No.
Village or City	Windan	NoSt.,W
Length of residence in city or town where de	ath occurred vrs / D	(If death occurred in a hospital or institution, give its NAME instead of atreet and number)  105ds. How long in U.S. if of foreign birth?yrsmos
n D	20	, , , , , , , , , , , , , , , , , , ,
(a) Residence: No IP D#	Westrainal.	nest, Ward.
0 / 1	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (qurite the word)		21. DATE OF DEATH  Lefruary 2 2 , 193 6  (Month) (Day) (Year
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of		22.   HEREBY CERTIFY, That I attended deceased
	10 7 11	1924,10
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	10-1-9	Nast saw h. W. alive on St
7. AGE Years Months	Days If LESS than	to have occurred on the date steted above, at 1.1.7.m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
	ormin.	were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,		A Partie of the same of the sa
SAWYER, BOOKKEEPER, etc		Lacemona J feelum (gr. 3.
work was done, es SILK MILL, SAW MILL, BANK, etc.		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spent in this occupation	
7	· / Oc. aperion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Present	use, co.	
(State or country)	mul	
13. NAME  14. BIRTHPLACE (city or town)	ranklin	
4 14. BIRTHPLACE (city or town)	rull co.	Name of operation Calculating Date of aug 3
(State of country)	ma	What test confirmed diegnosis Paid Litary 1 Dectworkere an europsy?
15. MAIDEN NAME mage	M. H. Barnes	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME mag	derrih. Co.	Accident, suicide, or homicide? Date of injury 19
≥ (State or country)	and.	Where did injury occur?
17. INFORMANT. 241. Rug V	Franklin	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	h mu	Manner of injury
Place Lingamore Cem	space Tibe 26 , 193	Nature of injury
19. UNDERTAKER C. 77. 21/0	lhy mil	24. Was disease or injury in any way related to occupation of deceased? No
20. FILED 23 - 25-, 1936 6.	In Farin	(Signed) As Thorn
	deres Registrar.	(Address) Will William 1849

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SORCA				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSIC	HAN
--	------------	-------	-----	---------	------------	------------------------	--------	-----

Whet test confirmed diegnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 24. Was diseese or injury in eny way related to occupation of deceased? Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of onset

Note - Woodmard - 5-5-36

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Chronic interstitial nephritis NA 5 1935	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

See instructions on back of certificate.

STATE OF	MARYLAND— aryland Tuber	CERTIFICATE OF DEATH 1547
County Carroll		d Branch 05 74
Village or City Henryton, M.	ervlend	Registration Dist. No.
0	(16	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  14 ds. How long in U.S. if of foreign birth? XXXXXX mos. ds.
2. FULL NAME Lena Gert	rude Gillison	If U. S. Veteran, specify WAR_None
(a) Residence: No. 410 N. Ca		
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tomolo Colomod 0	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word) Single	21. DATE OF DEATH Feb., 18, 1936 (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	ng rang <sub>x</sub>	22. 1 HEREBY CERTIFY. That, I attended decessed from 9/4/35 19 to 2/18/36 19
6. DATE OF BIRTH (month, day, and year) Marc.	h 25. 1908	Hast saw her elive on Feb. 18, 1936 deeth is said
7. AGE Years Months	Deys If LESS than	to have occurred on the date stated above, at 6.05 mA.M.
26 10	24 l dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER,		Pulmonary Tuberculosis
SAWYER, BOOKKEEPER, etc.	Laundress	Mar
A Lindustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.		1935
kind of work done, as SPINNER, SAWYER, BOOKKEPPR, etc.  Ladustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10 Date deceased last worked et this occupation (month and year) Un Known	11. Total time (years) spent in this Unequatow ri	
12. BIRTHPLACE (city or town) Leedsto		Other Contributory Causes of Importance:
(State or country) Virg.		
I 13. NAME John Gillison		
	g Green, rginia	Name of operation
L 15. MAIDEN NAME Virginia	Brooks	23. If death was due to externel couses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) BOW (State or country)	ling Green, Virginia	Accident, suicide, or homicide?
17. INFORMANT John E. O'Nei. (Address) Henryton	11, M. D.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	2	Manner of injury
Place Marky Gardenas Da	te 14-27-1923	Nature of injury
19. UNDERTAKER VALLE KALLER (Address)	Williams	24. Was disease or injury In any way related to occupetion of deceased? NO
20. FILED 2/18/36, 19 Deput	V LOCAl Registrar.	(Signed) Henryton Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE C	(1)		(13-0)	Registration Dist. No. 70	1
County=	Carroll			Registration Dist. No. 19	:
Village or	City City	ville (1	NoNo f death occurred in a hospital or institut	tion, give its NAME instead of street an	d number)
Length of re	sidence in city or town where	death occurredyrs,mos	ds. How long in U.S. if of	f foreign birth?yrs	mosds.
2. FULL NA	ME Flored	es Francis	Halm	X	
(a) Reside	nce: No.	***********	St., Ward.	/ `	
PERSO	NAL AND STATIST	(Usual place of abode)  FICAL PARTICULARS	MEDICAL CI	If nonresident give city or town a ERTIFICATE OF DEATH	nd State
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	2	
7	W	OR DIVORCED (write the word)	J.	(Month) (Day)	, 193 (Year)
5a. If married, wido HUSBANO of	wad, or divorced	201		The second second	(,,,,,
(or) WIFE of	Calow	Halm	22. IHEREBY	CERTIFY, That I attended	1936
6. DATE OF BIRTH	(month, day, end year)	Tel- 19, 1873	Last saw h_ex_ alive on_ C	Feb 2 , 197	6; deeth is seid
	ears Months	Deys If LESS than	to hava occurred on tha date stata		
	02 11	14 1 day,hrs.	The PRINCIPAL CAUSE OF DEAT were es follows:	'H and related causes of importence	Date of onset
8. Trede, prof	ession, or particular work done, as SPINNER, R, BODKKEEPER, etc	21-15	31		1/450
9. Industry or	business In which	, con con \	Muone »	ent casallo	1904
SAW M	es done, as SILK MILL, ILL, BANK, etc		-	A	
O this occ	sad lest worked at upation (month and	11. Total time (yaars)		-V	
yaer) _	Z.4	occupation	Other Contributory Causes of Impo	ortance:	
12. BIRTHPLACE (					- Fet 3
	de an a C	A Collins	cere are	alaster green	1436
E	CE (city or town)	75 60 400-100	Name of operation	Date of	
(State	or country)	nay Euro	1	Was thera a	
15. MAIOEN N	AME Lara	ly Dielil		uses (VIOLENCE) fill in elso the follow	
15. MAIOEN N	E (city or town)		Accident, suicide, or homicida?	Date of injury	, 19
∑   (Stete	or country)	naylow	Where did injury occur?	(Specify city or town, county and S	itate)
17. INFORMANT (Address)	Calyn	Haling !	Specify whether injury occurred in	n INDUSTRY, in HOME, or in PUBLIC	
	TION, OR REMOVAL	101	Manner of Injury		
Place/Clu	proll mo	C. Date JUS , 1936	- Nature of injury		
19. UNDERTAKER	88 Dr	issison	24. Was diseasa or injury in any w	ray reletad to occupetion of deceased?_	200
(Address)	Danle	in and	If so, specify	18 11.00.	
20. FILED FULLS	4 , 1936 May	y 13 Welt	(Signed)	Te Tener	М. D.
		7 Defectly Registrar.	(Address)		V

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
The second secon	2 av. 40 av. 40000			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 1549
1	1. PLACE OF PEATH	948
1	County Carrol Q 1	Registration Dist. No.
1	Village or City Durion Bridge (1)	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?
	2. FULL NAME Management	and
	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX  4. COLOR OR MACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
	5e. If married, widowed, or divorced HUSBAND of Mary O Hames & eslaced	22 PEREBY CERTIFY That I attended decessed from
å	6. DATE OF BIRTH (month, day, and yeer) Abn 3 - 1860	I last saw b. Malive on A. C. & S. 190 Gleeth is said
certificate	7. AGE Years / Months Days   If LESS than	to have occurred on the date stated above, etm.
rtif	76 74 108 2 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related passes of Importance were a follows:
of ce	8. Trede, profession, or particular kind of work done, as SPINNER, Review SAWYER, BDDKKEEPER, etc.	Comment Mintered
back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
on	SAW MILL, BANK, etc  10 Date decessed lest worked at this occupation (month and year)  year)  71. Total time (years)  spent in this year)	
instructions	12. BIRTHPLACE (city or town) Carolina (Stete or country)	Dther Contributory Causes of importance:
nstrı	13. NAME Granisil Situation	
See i	14. BIRTHPLACE (city or town) A A KNOWW.	Name of operation
	(State of Country)	Whet test confirmed diagnosis?
ant.	15. MAIDEN NAME SUSAN	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
orta	0 16. BIRTHPLACE (city or town) NATA RAGISTA	Accident, suicide, or homicide? Date of injury, 19
very important.	17. INFORMANT ANNUAL Hillery  (Address)	Where did Injury occur?(Specify city or town, eounty and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
50	18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Z	Place Harlands - Ceny Dete of H. 215 / 1936	Nature of injury
TION	19. UNDERTAKER DAMAGE THE SAME	24. Was disease or injury in any way releted to occupation of deceased?
(	20. FILED Feb 6, 1936, L'Eighten.	(Signed) M. D. (Address) M. D. (Address)
	If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage   1936	July 5,1927	Peritonitis	3 days ago	
OURFAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SE	PACE	FOR	<b>FURTHER</b>	<b>STATEMENTS</b>	BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

V. S. No. 1 N. B.-

STATE OF	MARYLAND	-CERTIFICATE	OF	DEATH	155
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STATE OF MARTLAND	CERTIFICATE OF DEATH 1990
1. PLACE OF DEATH	(131) X 7/
County Carlotte	Registration Dist. No.
	Ward St., Ward Staff occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsQmos	ds. How long in U.S. If of foreign birth?
2. FULL NAME JOUNG Charles 7th	alter x
(a) Residence: No. Selve Aum (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED,  - ORDIVORCEO (write the yord)	21. DATE OF DEATH 2 - 2 0 193 6
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Susanna (Halu) Halle	22. HEREBY CERTIFY That lattended deceased from
6. DATE OF BIRTH (month, day, and year) Acc 5 70 1851	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
84 2 / 3   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Certino Acterosis
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years)	Mr. Interpolities I have
11. Total time (years) spent in this year)  12. Total time (years) spent in this occupation	Je Thinks
Masiland	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) / / / / (State or country)	Mrema 1/2
13. NAME John Halter.	
13. NAME Haller,  14. BIRTHPLACE (city or town) Chermany,	Name of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME A CRUMA FERANCE  16. BIRTHPLACE (city or town)	And death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT / A STORY (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Suffer June Date Fill 13, 1936	Nature of injury
19. UNDERTAKER W Kittle thought for	24. Was disease or injury in any way related to occupation of deceased?
(Address) Silleston	(Signed) A Guessfurs M.D.
20. FILED 2 , 19 CA CCC 3 Common Registrar.	(Signed) M.D. (Address) LESTANDER
TC 11 11 11 11 C. D.	West Control of the Property o

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	\$			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS BY	PHYSICIAN
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# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE C	DE DEATH			97)	
County	Carrall	7		Registration Dist. No.	14
Village or	City Lyke	coulle		No Racing feel State Nacother	Ward
Length of re	sidence In city or town	where death occurred	2 vrs 4 mos	death occurred in a hospital of institution, give its NAME instead of street and references. ————————————————————————————————————	number)
2. FULL N	1.	x 7 3	6/	If U. S. Veteran, specify WAR 45 x-	
(a) Reside		and s		St. Ward. Cacheville Mary	1
(a) Reside	nice. No.	(Usual p	lace of abode)	If nonresident give city or town and	State
	NAL AND STAT		RTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RAC	OR DIVO	MARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH  February  (Month)  (Day)	, 193 6
5a. If merried, wido HUSBAND of	wed, or divorced	11			(Year)
(or) WIFE of	John	Harr	uean	I HEREBY CERTIFY, That I attended	deceased from
S DATE OF BIDTU	(month, day, and yeer)	( would	1855	I last saw half alive on Allegan 9 1936	deeth is said
	eers Mont		If LESS than	to heve occurred on the date stated above, et 2. 45 Pm.	., 460(11 13 3014
)	A/		1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were es follows:	1
Z 8. Trade, prof	ession, or particular	P		Q	Date of onset
	work done, es SPINNE R, BDDKKEEPER, etc business in which	n, Ma	-ecl	Leveral arterioschusis	1931
C work w	res done, as SILK MILL, ILL, BANK, etc				
O Pio Date decea	ased last worked at cupation (month end	11. To	tal time (yeers) spent in this occupation		
12. BIRTHPLACE (	city or towny Was	heuston	Court -	Other Contributory Causes of importance:	• • • • • • • • • • • • • • • • • • • •
(Stete or co	untry) -	mary ca	red	Level Remercha	1930
13. NAME	John	Neal	7 1		-
4.	CE (city or town)	Machin	glass Accessor -	Name of operation Dete of	
	1.1.	411.		What test confirmed diegnosis? Wes there en e	
E		1/201	Time Carrel	23. If deeth wes due to external ceuses (VIOLENCE) fill In elso the following  Accident, suicide, or homicide? Date of Injury	
State	CE (city or town)	May C	and	Where did Injury occur?	
17. INFDRMANT(Address)	Visky	al Re	estin -	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	e) ACE.
	ATION, OR REMOVAL	miles 7	Leb 6 1936	Menner of injury	
riece1_	0.1m 1	Date 1	, 19	Nature of injury	
19. UNDERTAKER _ (Address)	Rock	wille?	unplaced	24. Was disease or injury in any way related to occupation of deceased?	
20, FILED Tes	3 1936	allany	Heer	(Signed) Many Up tens	
*/			Registrar.	(Address) Systematics M	-ed

V. S. No. 1

PHYSICIANS should state Exact statement of OCCUPA-

UNFADING INK-THIS IS A PERMANENT RECORD, Every item of inforstated EXACTLY. properly classified.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

-WRITE PLAINLY, WITH

ż

ARGIN RESERVED FOR BINDING

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

)	item of infor-	should state	of OCCUPA-
DNIC	N. BWRITE PLAINLY, WITH CNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
MARGIN RESERVED FOR BINDING	K-THIS IS A PERM.	hould be stated EXA	may be properly class
MARGIN RESI	ITH CNFADING IN	illy supplied. AGE sl	plain terms, so that it
	-WRITE PLAINLY, W.	mation should be carefu	CAUSE OF DEATH in
V. S. No. 1	N. B		A

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 1552
County Carroll .	Registration Dist. No. 8
Village or City Musay Orall	NoSt,Wa death occurred in a horpital or institution, give its NAME instead of street and number)
	dealn occurred in a norphial of institution, give its IVAIVIE, instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Clared Habl	×
(a) Residence: No. Killed sam	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
S. SEX / 4. COLOR OR BACE   5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (furite the word)	# 2/1 // 1936
ia. Il married, widowed, or divorced	/(Month) (Day) (Year)
HUSBAND of Colice OND Hape.	22. 1 HEREBY CERTIFY. That I attended decased fr
6. DATE OF BIRTH (month, day, and year) May 9 - 1803	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Pays If LESS than	to have occurred on the date stated above, atm.
83 9 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, Returned Carpeluley SAWYER, BOOKKEEPER, etc.	Date or on
SAWYER, BOOKKEEPER, etc.	Chronic Gastrilio
work was dona, as SILK MILL, SAW MILL, BANK, atc	
10. Date dacassad last worked at this occupation (month end 1919 11. Total time (years) spent in this	
year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) - Reyman This	1 2 1
(State or country)	Caronia Monenius 11m
13. NAME	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Data of Was there an aulopsy?
15. MAIDEN NAME Marya q Villinge	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) — Md	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Clara Staffe (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR SEMOVAS	Manner of injury
Place 2 0164 2 - Con Dete # 212 13, 1936	Nature of injury
	24 14 - 41 - 12
19. UNDERTAKER De Sons	24. Was disaase or injury in any way related to occupation of decaased?
A Dalett & San	If so, specify  (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related cau of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAR 4 1986	July 5,1927	Peritonițis	3 days ago	
BUREAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

ARGIN RESERVED FOR BINDING

V. S. No. 1

of OCCUPA.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH				(107-0)	15	14
County CARROLL		360	-7 2		Registration Dist. No.	
Village or City Sykes			yranu (H	NoSpringfield death occurred in a hospital or instituti	on, give its NAME instead of s	Sta L Ward
Length of residence in city or town	where death	occurred	yrs4mos	ds. How long in U.S. if of	foreign birth?yrs	ds.
2. FULL NAME Ada R	. Hus	ter		If U. S. Veteran,	specify WAR	
(a) Residence: No. 804	Woodw	ard S:		St., Ward. I	Balto, Md 00 If nonresident give city or	town and State
PERSONAL AND STA	TISTICA	L PARTI	CULARS	MEDICAL CE	ERTIFICATE OF DE	ATH
3. SEX 4. COLOR OR RAC Female White		R DIVORCEI	RIED. WIDOWED, (write tha word) rried	21. DATE OF PEATH	ry. 24 (Month) (Day)	193 <u>6</u> (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	Joh	n A. 1	Huster	22. I HEREBY October 24	CERTIFY, That I	attended deceased from
6. DATE OF BIRTH (month, day, and year)	Octo	ber 2	4, 1877	I last saw h er alive on F		, 1936; death is said
7. AGE Years Mon	ths	Days	If LESS than	to have occurred on the date stated	above, at 8:30NM	
58 4			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	H and related causes of importa	Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNI SAWYER, BOOKKEEPER, etc	ER,	Non	9	Broncho-pneum	onia	2-19-3
Kind of work done, as SPINNI SAWYER, BOOKKEEPER, etc  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	,					
10. Data deceased last worked at this occupation (month and year)		11. Total ti sper occu	ma (years) it in this pation			
12. Diktill LACE (City of town)	altim arvla			Other Contributory Causes of important Involutional		1930
13. NAME Willia	m H.	Perry				
14. BIRTHPLACE (city or town)	Unkno rvlan	wxx		Name of operation What test confirmed diagnosis?		Date of
	zabet			23. If death was dua to external caus		
15. MAIDEN NAME Eli 16. BIRTHPLACE (city or town)	IInk	nown		Accident, suicide, or homicide?		
(Stata or country) Ma	rylan			Whare did injury occur?		
17. INFORMANT Hospital (Address) Sykesvi			and.	Specify whether injury occurred in	(Specify city or town, count INDUSTRY, in HOME, or in P	ty and State) UBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	1	ite Fak	27,1936	Manner of injury		
19. UNDERTAKER Wim C. (Address) 1217 W	pook.	21		24. Was diseasa or injury in any wa		
20. FILED Selb 24, 1936	alla	rey )	Registrar.	(Signed) M. Urqui	ia Beyer	M. D.
	f more blank	s are needed, a		2411 N. Charles Street, Baltimore, Red		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	<b>!</b>	Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
WUREAU V.S	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TANAMAN TANAMAN	DE AROLL	T CYF	T. C. T. T. T. T. T. T.	DIEZETTE ENTER THE CO.	19 1	T TT T DIOTOTAL

	-WRITE PLAINLY, WITH JNFADING INK-THIS IS A PERMANENT REGARD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
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Exact statement of OCCUPA-

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important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very

-WRITE PLAI

V. S. No. 1

STATE OF MARYLA	AND-	CERTIFICATE OF DEATH	
1. PLACE OF DEATH		1004	
County Carroll		Registration Dist. No.	Paf.
Village or City Sy / Sussills			Ward
		death occurred in a hospital or institution, give its NAME instead of street and r	number)
Langth of residence in city or town where death occurredyrs	mos	ds. How long in U.S. if of foreign birth?yrsmc	sds.
2. FULL NAME Classe of Johns	mel	NR-43	
(a) Residence: No. Kesting Low Va	v,	St., Ward.	
(Usualplace of about PERSONAL AND STATISTICAL PARTICULA		If nonresident give city or town and  MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, V		21. DATE OF DEATH	
M Quel. OR DIVORCED ("write	e the word)	Jet. 20 20-	, 193
5e. If married, widowed, or divorced		(Month) (Day)	(Year)
HUSBAND of Cory WIFE of Mary Columns	U	22.   HEREBY CERTIFY, That I attended.	deceased from
E DATE OF BIRTH (month day and year) Illust. 18	68	1 leet saw h 4 = alive on 7 el 2 0 th 10.56	1936
o. Date of Bikin (month, day, and year)	LESS than	I lest saw h	.; death is said
/7 _ 1day	y,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	min.	were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	,	Welve Coma	706-17 KX
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Date deceased last worked at this occupation (month and this poculation (month and spent in this		Secretity	2
SAW MILL, BANK, atc			
O 10. Date deceased last worked at this occupation (month and year) cocupation occupation occupation.	ars) is		
, occupation		Other Contributory Causes of importances	
12. BIRTHPLACE (city or town)(State or country)		servery	
		1	
E		Nama of operation Date of	
14. BIRTHPLACE (city or town) (State or country)		What test confirmed diagnosis? Was there an a	utaneu? (2)
TI 15. MAIDEN NAME CLUSESCORUSE		23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Chale or country)		Accident, suicide, or homicide? Data of injury	
State or country) , Vav -		Where did injury occur?	
17. INFORMANT ASM. E. N. Ishisocci (Address) Lificaville Ma.		(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	ACE.
18. BURIAL, CREMATION, OR REMOVAL  Priace grow Data Fib. 2	1936	Manner of injury	
19. UNDERTAKER New Horn Jus		24. Was diseasa or injury in any way related to occupation of deceased?	Des .
20. FILE Feb. 24, 1936 affrey Vier	Paristra	(Signed) Superville m	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis MAR 4 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAN	D-CERTIFICATE OF DEATH
1. PLACE OF DEATH	#6-B / 1000
County Carroll	Registration Dist. No.
Village or City for duris O Tetrece	T. No. St., War
Length of residence in city or town where death occurred 5: yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number)
10 61	DI
2. FULL NAME Uhnaham & Jan	francis to the man
(a) Residence: No. Joudans (Lethius) (Usual place of abode)	Ti Opt, D. Wardlew Mendson Med.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOV OR DLYORCED (norite the parties)	
Mule House Married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That Lattended deceased from
(or) WIFE of '6 The Law I Sman.	January 27 1936, to Francy 9, 193
6. DATE OF BIRTH (month, day, and year) 1865 - 7 - 3	
7. AGE Years Months Days If LESS	
70 7 6 1day,	in the fellows of bearing and leaded causes of importance
8. Trade profession or particular	Carcinoma of Stomach Sht.1-
SAWYER, BOOKKEEPER, etc. Coupeled Let.	artirio-Sklerusi Michigan
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
Do Date deceased last worked at 11. Total time (years)	^
this occupation (month and 33, spent in this year)	<u>le .  </u>
12. BIRTHPLACE (city or town) - Carroll 601	Other Contributory Causes of importance:
(State or country) Maryland.	
13. NAME John Kauffman.	
14. BIRTHPLACE (city or town) barrell bo	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Juliu Owell,	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Juliu Owell	Accident, suicide, or homicide? Date of injury, 19
(State or country) Many func	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT June 1. Jan faman	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address), 1. New Knulster, Mil.  18. BURIAL CREMATION, OR REMOVAL	Manual distance
Place Newsdern Brusch Contrate !!	Manner of injury
la ni Charlet	<u> </u>
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
Jeh 71 30 / 200 1. 1.	(Signed) Milanz Fently), M
20. FILED TO Region Region	
	Projected 24xx N. Charles Street Relimore Requesting 7) S. No. 2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
6	. 2.		
MAR I	11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	RI	tior	SIL
-	M	mation should be carefully supplied. AGE should be stated EXA	CATISE OF DEATH in plain terms so that it may be properly class
V. S. No. 1	N. B.—WRITE PLAINLY, WITH CNFADING INK-THIS IS A PERMA		
202	7		1
Page 1	-		1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 1558	
1. PLACE OF DEATH	(22-a) 50 T/	
County Carroll	Registration Dist. No.	
Village or City Mr. Westmusster (If	No. County / St., death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
Length of residence In city or toym where death occurredyrsmos.		ds.
2. FULL NAME John / Cremer	-2 ,	
(a) Residence: Not	St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH	
3. SEX 1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("grite the word) married"	21. DATE OF DEATH 2 - / 3 1936	, 
5a. If married, widowed, or divorced HUSBAND of morths (or) WHE of	22. I HEREBY CERTIFY, That I attended deceased 9-12 1936 to 2-13 19	d from
6. DATE OF BIRTH (month, day, end year) \$ 2 ( 1813	I last saw h alive on 2 - 19 % death	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6.4 m.	13 3010
82 2 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or particular	- Cu	onset 919
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10 Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation.	Curtise homourhage 194	83
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:  Lineral as thereia has	gene
13. NAME Cuquetus / Krenzes		
13. NAME (cuquetus / renger  14. BIRTHPLACE (city or town)  (State or country)	Name of operation	7.
(State of country)	What test confirmed diagnosis? Was there an autopsyX	de
15. MAIDEN NAME NAME NAME NAME NAME NAME NAME NA	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	4
18. BURIAL, CREMATION, OR REMOVAL Place Downly Home Cem: Date Teb. 14, 183 6	Manner of injury	
19. UNDERTAKER Al Sankard & Son (Address) Ly estment mod.	24. Wes disease or injury In any way related to occuration of deceased?	<b>5</b>
20. FILED. 19 18 Registrar.	(Signed) That many 21 S No. 1 Street Baltimer Brown 21 S No. 2 S N	M. D.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis MAR 6 1936	1915	Altack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week age	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

WRITE PLAINLY, WITH CNFADING INK-THIS IS A PERMANENT REC ARGIN RESERVED FOR BINDING

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1

TION is very important. See instructions on back of certificate.

7. PHYSICIANS should state Exact statement of OCCUPA-

AD. Every item of infor-

STATE	OF	MARYL	AND-	-CERT	IFICAT	E OF	DEATH
	3.50	merland	much on	and a a f	annat	a- 1 11m	

1	. PLACE OI	F DEA	TH	Marylan	d Tuberc	ulosis Senatorium _ 1557
	County	arre	all		Colored	Branch 23 05 Registration Dist. No. 74
	Village or C	itv ]	Henrytor	, Md.		No. St. Ward
	Lameth of soul				(II	death occurred in a hospital or institution, give its NAME instead of street and number) 21_ds. How long In U.S. if of foreign birth?XXXXXmos,ds
2			arie The			If U. S. Veteran, specify WAR.
	(a) Residen	ce: No	943 Mac	(Usualplace		O . St., Ind . Ward.  If nonresident give city or town and State
	PERSON	AL AN	D STATIST	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. S	'emale		or or race	5. SINGLE, MARI OR DIVORCED Marri	(write the word)	21. DATE OF DEATH Feb., 5, 1936 (Month) (Day) (Year)
5a,	If married, widow HUSBAND of	ed, or div	orced			
	(or) WIFE of		Rol	pert Lat	timore	Jan., 15, 1956, to Feb., 5, 1,36
6. I	DATE OF BIRTH (	month, da	v. and vear) No	ov., 16,	1908	last saw her alive on Feb., 4, 1936, death is sai
	GE Yea		Months	Days	If LESS than	to have occurred on the date stated above, at 12.50m. A.M.
	21	7	2	19	I day hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
z	8 Trade profession or particular					Pulmonary Tuberculosis Oct
음	kind of work done, as SPINNER, HOUSEWIFE SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occuration (month and				e	1934
AN M						
021	10. Date decease	ed last wo	rked at	11. Total ti	me (years)	
9	year)	nation (mo	OWIL	Unka	makhii Makhii	
12.	BIRTHPLACE (cit					Other Centributery Causes of importance:
~	(State or cour	-		ryland.		-
里			za Hall			
FATHER	14. BIRTHPLACE	(city or t	own) Sudle	erville,		Name of operation
-	(State or		Kachel	Ennie		What test confirmed diagnosis? Was there an autopsy?
OTHER	15. MAIDEN NA	ME				23. If death was due to external causes (VIOLENCE) fill in also the following:
MOM	16. BIRTHPLACE	(city or to	VWII)	napolis,		Accident, suicide, or homicide?
	(3/8/6 0)			laryland		Where did injury occur? (Specify city or town, county and State)
17.	(Address)	2011	n E. O'N Henryto		D.	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMAT	JON, OR		8/		Manner of injury
	Place MA	Au	rum	Date tel	8 1936	Nature of injury
	LINDEDTANES	Then	nas 2.	Rolling	^	24. Was disease or injury in any way related to occupation of deceased? NO
19.	(Address)		03 Bres	Structure	e It	If so, specify
00	2/5	36		100	Moill	(Signed) Shw Meell, M.
20.	FILED		beouty	Local	Registrar.	(Address) - OFF V tor
		-			ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	ií	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	11.3	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interestitial nambrition	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAR 4 1930	July 5, 1927	Peritonitis	3 days ago	
THEPAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:	NH E	
Gallstones	May 1,1923	Gastroenteritis	1 year	

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

D. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-

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No.	~
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	S				CERTIFICATE OF DEATH	1558
1	. PLACE OF DEAT	TH WITHE	es de la co	d. Crosses See	88:00 ×	P1
		rroll		T. C. SOLL STR.	Registration Dist.	
	Village or City	Westmins	ster		No. 109 Pennsylvania Av	€ • St., Ward
	Length of residence In ci	ty or town where dee	th occurred6	7_yrsmos	ds. How long in U.S. if of foreign birth?	yrsds.
2	. FULL NAME	Sue	V. Lip	nv		
				ia Ave.	St, Ward.  If nonresident give ci	ly or town and State
statem	PERSONAL AN	D STATISTIC	AL PARTIC	CULARS	MEDICAL CERTIFICATE OF	
	female v	white	or Divorced Wid	RIED, WIDOWED, (write the word)  OW	21. DATE OF DEATH February 3,	, 193 <b>6</b> (Day) (Year)
5a.	If married, widowed, or divo HUSBAND of (or) WIFE of	rced Granville	Lippy		22. I HEREBY CERTIFY. I	
6. 1	DATE OF BIRTH (month, day	, end yeer) O(	ct. 9,	1868	I locksaw het alive on Feb 2	, 1934; death is seld
7. /	AGE Years	Months	Days	If LESS than  1 day,hrs.	to have occurred on the dete stated above, et	
_	67	3	25	ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of in were as follows:	mportance Data of enset
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc				Cerebral Hewarrhag	1-20-35
	this occupation (more year)	nth and	span	t in this pation	Other Contributory Capacs of Importance:	
12.	(State or country)	Marvl	land		Droners Villenia	2-1-36
ER	13. NAME Jac	ob F. El	lgen		<b>Y</b>	
FATHER	14. BIRTHPLACE (city or to (State or country)	wn)Germa	ny		Name of operation.	Dete of
ER	15. MAIOEN NAME	Mary Ell	Len Fee	ser	23. If death was due to external causes (VIOLENCE) fill in als	
MOTE	15. MAIOEN NAME Mary Ellen Feeser 16. BIRTHPLACE (city or town) (State or country) Maryland				Accident, suicide, or homicide? Date of Where did Injury occur?	
17.	INFORMANT Mi (Address) We	ss Irene	Lippy er. Md.		(Specify city or town, Specify whether injury occurred in INDUSTRY, in HOME, or	county and State) r in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR R		Date Feb	5 , 19 . 3 6	Manner of injury	
_		Francis estminste		ofword	24. Was disease or Injury In any way related to occupation o	f deceased?
1		, ,		Registrar.	(Address V. W. P. K. Linn, V.	MUSIX

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Example I	- 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis MAR 6 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCOPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF	<b>DEATH</b> 155!
----------------------------------	-------------------

1. PLACE OF DEATH	
County Carroll	Registration Dist. No. 77
Village or City Itauchstead out of tou	No. St Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Levryz Z' Lloyt	X
(a) Residence: No. (Usual place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	2 3 193 6
5a. If merried, widewed, or divorced	(Month) (Day) (Yeer)
HUSBAND of Slais Sparks Lloyd	22.   HEREBY CERTIFY, That I attended deceased from
1.000 10.1	100 lm , 1936 , 10 7 b 3 ml , 1936
6. DATE OF BIRTH (month, day, end yeer)  7. AGE Years Months Oays If LESS than	I last saw h alive on Tele 3 rd , 19 26; deeth is seld
7. Add leass fram 1 day,hrs.	to have occurred on the date stated above, at A. I. C. S. m.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance
Trade profession or particular	were es follows:  Data of one at
2 Irade, profession, or perticuler kind of work done, as SPINNER Book Conders SAWYER, BOOKKEPER, etc.	Jan Jan
9. Industry or business in which	
work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Oate decessed lest worked et this occupation (month end / 935- spent in this occupation)	
yeer) occupation occupation	Other Contributary Causes of importance:
(Stete or country)	
E Company	
4. BIRTHPLACE (city or town)————————————————————————————————————	Name of operation Oate of
	Whet test confirmed diegnosis? Was there an autopsy?
#	23. If deeth wes due to externel ceuses (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (Stete or country)  Mawkend	Accident, suicide, or homicide?
my yes & fland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT All Calogy (Address) I dambated The	opening machine injury occurred in injurish it, in nome, of the party frace.
18. BURIAL, CREMATINA, OR REMOVAL	Manner of injury
Plece Grace Mil. Dete Ket 5, 1986	Neture of injury.
19. UNDERTAKER Edw Efficien	24. Wes disease or injury In eny wey related to occupetion of deceesed?
(Address) Hamfrattad Mid	If so, specify
20. FILEO Tel. 4, 1936 milded S. Juglies	(Signed) & M. O.
alluly Registrar.	(Address) Haufstrad hid
If more blanks are needed, address beate Registrar,	2411 N. Charles Street, Baltimore, Requesting 71, S. No. 7

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Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
6. 10 FA	-13			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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of OCCUPA-

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement AGE should be stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.—WRITE PLAINLY, WITH

STATE  1. PLACE OF DEATH	OF	MARY	YLAND-	CERTIFICATE OF DEATH 156	1)
Cannall		7,74,7 0 0		red Branch on ME DA	
Village or City Henry	on	MA		Registration Dist. No.	
			5 7	No. St.,  death occurred in a hospital or institution, give its NAME instead of street and second se	number)
947			yrsmos	None	osds
LI TOLL MAINE			7.7	If U. S. Veteran, specify WAR None	
(a) Residence: No. Mutue	II Ca	(Usual place		Y 15 110 . Ward.  If nonresident give city or town and	State
PERSONAL AND STAT	ISTICA	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RAC			RIED, WIDOWED, O (write the word)	21. DATE OF DEATH Feb., 10, 1936	., 193(Year)
5a. If married, widowed, or divorced HUSBAND of				(month) (day)	(1641)
(or) WIFE of	Ш		•	June 15, 1930 certify, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year)	July	3, 19	905	last saw h 1m alive on Feb., 10, 1936	.; death is safe
7. AGE Years Mont	hs	Days	If LESS than	to have occurred on the date stated above, at 1.45 m. M.	
30 7	,	7	orhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc	R, Ha	rmer		Pulmonary Tuberculosis	Date of onset
SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		***			1919
D. Date deceased last worked at this occupation (month and year)	********	11. Total ti	me (years)		
Int	nown	-		Other Contributory Causes of importance:	1
	ryla				
置 13. NAME Sterling	Murr	ау			
	n <b>k</b> no Marv	wn land.		Name of operation	No
				What test confirmed diagnosis?	
7	know	n		23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	10
State or country)	arvl	and.		Where did injury occur?	, 13
17. INFORMANT John E. (Address) HBnry			D.	(Specify city or town, county and Stat Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL/	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL Place B. W. J. S. M.	rand o	10	, 19.3.6	Manner of injury	
19. UNOERTAKER (Address)	12Y	Mari	Frederick .	24. Was disease or injury in any way related to occupation of deceased?	No
20. FILEO. 2/10/36., 19.	De put	y Loc	Registrar.	(Signed) Menrytono Md.	ev, m. c

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I			Example 11		
The principal cause of importance were	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	ephritis NAD	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
	SUREAU V. S.			I I I I I I I	
0	The same of the sa				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
4			F-04		
				1-35-	

FOR BINDING

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S. No.

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	Example I	i	Example II	
The principal cause of importance were as		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	HELLINES	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 4 1936	July 5,1927	Peritonitis	3 days ago
	Fig. All V. S.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state

ATH in plain terms, so that it may be properly classified.

See instructions on back of

Important.

certificate.

JAD. Every item of infor-

Exact statement of OCCUPA-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF DEA	TH C	I WIZKIN		1562
	CountyC	arroll			Registration Dist. No. 44
/			d State	Hosp.	
	Village of Oity	Carrier ANGO AN AN AC A	W. D. C. C. D. C.	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in o			yrs,mos	s. 27 ds. How long in U.S. If of foraign birth? yrs. mos. ds.
2	. FULL NAME	LAVINA	NARY.		If U. S. Veteran, specify WAR
	(a) Residence: No.	1129 E.	North (Usual place	Ave., Ba	If nonresident give city or town and State
	PERSONAL AN	ND STATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3, 5	SEX 4. COLO	OR OR RACE	S. SINGLE, MARK	RfED, WfDOWED, (write tha word)	21. DATE OF DEATH
	Female W	Thite		lidow	February 3, 1936 (Month) (Day) (Year)
5a.	If married, widowed, or div HUSBAND of	orcad		1000	
		cob Nary	7.		22. I HEREBY CERTIFY, That I ettended deceased from January 7,, 19 36, to February 3, 19 36
				3055	I last saw fer alive on February 3, 19 36; death is said
7. /	DATE OF BIRTH (month, da	ay, and year) $\supset$ (	Days	1857	to have occurred on the date stated above, at _8P_m.
			1.00 miles	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
_	78	4	14	l ormin.	ware as follows:
NO	8. Trada, profession, or particular kind of work done	, as SPINNER,	Housewi	fe	Broncho-pneumonia 1-28-36
OCCUPATION	SAWYER, BOOKKEEPER, etc		*****		
UP	work was done, as SAW MILL, BANK,	SILK MILL,			
000	10. Date deceased last we	orked et	11. Total ti	me (years)	
	yaar)	onth and Aug.	L935 occu	tin this 56 yr	Other Contributory Causes of importance:
12.	BIRTHPLACE (city or town	)			Fracture of right femur 1-17-30
	(Stata or country)		rlvania		
FATHER	13. NAME Ja	mes Sper	nce		
ATH	14. BIRTHPLACE (city or 1	town)			Name of operation Data of
-	(State or country)	No 1	record		What test confirmed diagnosis? Clin. symptomsthare an autopsy? No
MOTHER	15. MAIDEN NAME	Elizabe	eth Witz	right	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
OTF	16. BIRTHPLACE (city or I	town)			Accident, suicide, or homicida? accident Date of injury 1-17-166
Σ	(Stata or country)	Unl	known		Where did injury occur? Springfield State Hosp.
17.	INFORMANTSpring	field Ho	spital	records	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
	(Address)	Sykesvil	lle, Md.		
18.	BURIAL, CREMATION, OR		the	6 1936	Menner of Injury Accidental fall
_	Tlace		Date 1	, 1900	Neture of injuryFracture of neck of right
19.	UNDERTAKER .	forward	Evan		24. Was disaase or injury in any way related to occupation of deceased?_NO
	(Address)	laure	e me		If so, specify
20.	FILED Leb. 3	1936 QX	larry,	rece	(Signed) Harry F. Baer, M.D.
		,		Registrar.	(Address) Syxksville, Maryland

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

N. B.-WRITE PLAI

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

D. Every item of infor-

of OCCUPA-

Exact statement

1. PLACE OF DEA	TH C	L MAK	ILAND	CENTII ICATE	OI DEATH OU	
County Ca	rroll Co				Registration Dist. No.	44
Village or City			(If	No. Springfiel death occurred in a hospital or institu  3. ds. How long in U.S. if o	d State Hospistion, give its NAME instead of street	tal Ward
2. FULL NAME (a) Residence: No.		40	20 Poto	ma <b>a.</b> , stre <b>m</b> ti.	Cumberland If nonresident give city or tow	
PERSONAL AI	ND STATISTI	CAL PARTI	CULARS	MEDICAL C	ERTIFICATE OF DEA	тн
	or or race		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH	2 22 (Month) (Day)	, 193 6 (Year)
5a. If married, widowed, or div HUSBAND of (or) WIFE of	outan B.	Naught		Dec.l.		
7. AGE Years	Months	Days	If LESS than	to have occurred on the date state		
43	2	26	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEAT were as follows:	TH and related causes of Importance	Date of onset
kind of work done SAWYER, BOOKKE	e, as SPINNER, Reference R	l Road	eman me (years) ttin this		ry Inberiulos	for 193
12. BIRTHPLACE (city or town (State or country)	West I	Virginia	pation_Unkno	Other Contributory Causes of impo	ortance:	
13. NAME JOSE  14. BIRTHPLACE (city or (State or country)	town) West	Virgini	a	Name of operation Non	e Dat hys + Rad 'Was the	
15. MAIDEN NAME  16. BIRTHPLACE (city or (State or country)	my	on Virgin		Accident, suicide, or homicide?	uses (VIOLENCE) fill In also the fo	, 19 nd State)
17. INFORMANT S.P.T.I. (Address)  18. BURIAL, CREMATION OR Place		ecords	lospital 26 ,,36	Manner of injury	n INDUSTRY, in HOME, or in PUBI	LIC PLACE.
19. UNDERTAKER (Address) See 20. FILED Less 23	er Lo Veril 1936 Of	u Im Le m Vary	Hess Registrar.		yay related to occupation of decease  A P Harris  Surelle Sick,	ed? W

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 17 7 910 potal

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	Example I		Example II		
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	D.C. F. HIED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	HAR 4 1936	July 5,1927	Peritonitis .	3 days ago	
Other contributory c	auses of importance:		Other contributory causes of importance:	-	
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY. PHYSICIANS should state

KD. Every item of infor-

Exact statement of OCCUPA.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION icvery important. See instructions on back of certificate.

æ ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1564
County Carroll	(86-a) X Paristration Diet No. 74
1 10. 10	Registration Dist. No.
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred 30 yrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Corefeligee Mawros	If U. S. Veteran, specify WAR
(a) Residence: No. Alse Worth Branch	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
I / Manua	(Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I ettended decessed from
(or) WIFE of Several Hawrok	tip 1 1936 to Fif 5 1936
6. DATE OF BIRTH (month, dey, and yeer) Law. 12 185 4	I last saw h. L. elive on f
7. AGE Yeers Monus Deys If LESS than	to heve occurred on the dete steted ebove, a 3 44 A m.
82 - 25 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were es follows:  Date of onset
8. Trede, profession, or perticular kind of work done, es SPINNER,	- January
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done as SILK MILL	Franker of away to
work wes done, as SILK MILL, SAW MILL, BANK, etc.	Tick of ferend
10. Dete deceased lest worked at 11. Totel time (years)	
this occupation (month end spent in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME Joseful Stocking	
13. NAME Caeful Stocking  14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State of country)	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME fosefsleise Science	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury 2-1-1, 19.3-6
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Squall Haway	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Republication of Removal	
Theles Family Com, no Leb. 10 10 36	Manner of injury
D A Maria Cara Cara Cara Cara Cara Cara Cara	Nature of Injury 17808 Charles by Surgreet of free
19. UNDERTAKER I MUSEU OUL.	24. Wes disease or injury In eny wey related to occupetion of (ceesed? // /
(Address) Systematics Mod.	(Signed Associated Management M. D.
20. FILED 19.3 6 Registrar	(Signed) And Address And

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
WINEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA-

5. Brery item of infor-

STATE OF	MARYLAND—CERTIFICATE OF DEATH Maryland Tuberculosis Sanatorium	1565
	Colored Pranch	74

1. PLACE O	F DEATH	Mary.	tand Tube		
	Carrell	•••••		ed Branch 23 05 Registration Dist. No. 74	~~~~~~~~~
Village or C	ity Henryton	, Maryla	nd.	NoSt.,	Ward
	denca in city or town where		O yrs. 7 mos	death occurred in a hospital or institution, give its NAME instead of street and it.  ds. How long in U.S. if of foreign birth? XXXXXX mix	iumber) )sds.
	ME Julia No			If U. S. Veteran, specify WAR NONG	
(a) Residen	ce: No. LaPlate				
PERCON		(Usual place		If nonresident give city or town and	State
3. SEX	AL AND STATIS			MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
Female	Colored	or Divorce Single	RIED, WIDOWED, D (write the word)	Feb., 12, 1936  (Month) (Day)	, 193 (Year)
5a. If married, widow HUSBAND of	ed, or divorced			22 1 HEDERY CERTIES That I attended	donnered from
(or) WIFE of				July 5, 1955 CERTIFY Thet I attended	1956
6. DATE OF BIRTH	month, day, and year) De	ec., 8,	1885	l last saw h er alive on Feb., 12, 1956	; death is said
7. AGE Yaa	rs Months	Days 44	If LESS than I day,hrs.	to have occurred on the data stated above, at 3.45 P.M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Trede profes	ssion, or particular		or_XXXXX	Pulmonary Tuberculosis	Datulgoset
SAWYER,	vork done, as SPINNER, BOOKKEEPER, atc	Nurse			1934
kind of v SAWYER, S. Industry or work was SAW MIL	business in which s dona, as SILK MILL, .L, BANK, etc				
Dato decease this occur year)	ed last worked at pation (month and IKNOWN	II. Total t	ima (yaars) nt in this DOMES		
12. BIRTHPLACE (cit		viand.		Other Contributory Causes of importance:	-
₩ 13. NAME	Thomas Neal	Le			
13. NAME 14. BIRTHPLACE	(city or town) Hill	l Top,		Neme of operation Dete of	
(State of		ylana.		What test confirmed diagnosis?	utopsy? NO
15. MAIDEN NA		-		23. If death was dua to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NA 16. BIRTHPLACE	(city or town) Port	ryland.	),	Accident, suicide, or homicide?	,19
17. INFORMANT	John E. O'N Henryton	Weill, M.	D.,	Whera did Injury occur?	e) ACE.
(Address) 18. BURIAL, CREMAT		0 1		Attacks of Inform	
Place	11 1/	Date /et	/3 ,1936	Menner of Injury	
19. UNDERTAKER (Address)	Hugh	1 Th	you	24. Was disaase or injury in any way related to occupation of deceased?	No
20. FILED 2/12		outy Loca	Mell.  Registrar.		ll/M. D

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Example I	1	Example II	
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Arteriosclerosis MAR 4 H36	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis	1921	Run over by street car '	1 week ago
Cerebral hemorrhage V. S.	July 5, 1927	Peritonitis	3 days ago
THE CONTRACTOR OF THE PERSON O			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY

certificate.

SE OF DEATH in plain terms, so that it may be properly classified.

arron should be carefully supplied.

V. S. No. 1 N. B.- See instructions on back of

is very important.

PHYSICIANS should state

Exact statement of OCCUPA-

BIND	
FOR	
RVED	
RESERVED	
MARGIN	1
1	

STATE OF MARYLANI	O-CERTIFICATE OF DEATH
1. PLACE OF DEATH	1000
County Carrale	Registration Dist. No. 7 4
Village or City La Resuiler	Not principled state Hors Kelaword
Length of rasidance in city or town whera daeth occurredyrs	(If death ogcurred in a hospital of institution, give its NAME instead of street and number)  mos
P 1. 1. 1	
2. FULL NAME William Muston	If U. S. Veteran, specify WAR
(a) Residence: No. 5509 (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW	
OR DIVORCED (white the wo	ord) February 19 193 6
5a. If merried, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended daceased from
1	, 13.00., 10.1.
6. DATE OF BIRTH (month, day, end year) Jaw. 11, 186	I lest saw h. Atc. alive on February 19., 1996; death is said
7. AGE Yaers Months Days If LESS t	To have occurred on the data stated above, attached and the same and the same at the same
78 / 2 1 day,	I THE FRINCIPAL CAUSE OF DEATH and related causes of influoritenca
8. Trade, profassion, or perticular kind of work done, es SPINNER,	Date of offset
SAWYER, BOOKKEEPER, atc.	Labor remaries 2-6-31
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month end spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country) Securacy	
13. NAME Vest Unchairen	
14. BIRTHPLACE (city or town) Mushumon	Name of oparetion Date of
(State of country) Required	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Larlara Salleauge 16. BIRTHPLACE (city or town) Gularian	23. If daath was due to external causes (VIOLENCE) fill in also the following:
	Accident, sulcide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Harpelal leaded.	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Ly Recular Md	
	Mennar of injury
A Jack as being R	Neture of injury
19. UNDERTAKER	24. Was disaasa or injury in any wey raleted to occupation of daceasad?
(Address) Address	If so, specify
20. FILED 124. 14, 1936 (4) arry Will	(Signed) M. D.  (Addrass) Se Reavelle M. J.
Keosch	(at.   (AUDIASS)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Roquesting U. S. No. 1.

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Example I	E 41	Example II	
The principal cause of death and related causes of importance were as follows:	te of or et	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1910	Atlack of epilepsy	1 week ago
Chronic interstitial nephritis	192	Run over by street car	1 week ago
Cerebral hemorrhage	Julystiest	Perlionitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE

RECEID. Every item of infor-PHYSICIANS should state

of OCCUPA.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH  County Carroll		·40 / 50	75/-
Village or City Carry	Home Hor	Registration Dist. No.  St.,  I death occurred in a hospital or institution, give its NAME instead of street and r	Ward
Length of residence in city or town where  2. FULL NAME CANNIC.			
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male or hite	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day)	, 193 <b>G</b> (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	1. els 12 - 1891  Days   If LESS than		; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 45  8. Trade, profession, or particular	/ 6   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	orderly in Hapital	Janus munouna, 7	2-21-3
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spant in this	-	
year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  James	occupation	Other Contributory Causes of importance:	2000
(State or country)	Eurol Pranial	careirma of stomact	10-1-55
14. BIRTHPLACE (city or town) (State or country)	land	Name of operation Date of Whet test confirmed diagnosis?	utopsy?
15. MAIDEN NAME Multh	a Babylon	23. If death was due to external causes (VIOL ENCE) fill in also the following  Accident, suicide, or homicide?	:
∑ (State or country) Ma	yland	Where did injury occur?(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e)
(Address)  18. BURIAL, CREMATION, OR REMOVAL	ma	Manner of injury	
Place Betherda Com  19. UNDERTAKER 14.13 mm	Ulbode march 2, 1936	Nature of injury	
19. UNDERTAKER 1 13 mm. (Address) Westing	ster md	24. Was disease or injury in eny way releted to occupation of deceased?	
20. FILED 77, 1956	Registrar.	(Address) That was Steen	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAD @ TROO	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

1. PLACE	DE DEATH		MAK	I LAND	CERTIFICATE OF DEATH	ISB "
County	Carr	oll			Registration Dist. No.	,
Village or	787	estmi	nster		No. County Home St.	War
				(If 5_yrsmos	death occurred in a hospital or institution, give its NAME instead of street and n	
e colores					Died al	0/
2. FULL N				Paynter	Cau ace Co Celmo,	Hua
(a) Resid	ence: No.	arcen	(Usual place	estminste	T St., Ward.  If nonresident give city or town and	State
PERSO	NAL AND ST	ATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
B. SEX	4. COLOR OR R	ACE S	S. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH	
Male	White	e	Marri	D (gorise tha word)	Fahruary 26 (Day)	, 193 6 (Year)
a. If married, wid HUSBAND of	owed, or divorced				22. I HEREBY CERTIFY, That I attended	
(or) WIFE of	not l	known			11-1-36(?) 19 to 2-26-	
DATE OF BIRTI	H (month, day, and ye	ear)	not kno	own	i last saw h alive on 2 - 26 - 36 , 19	,
		lonths	Days	If LESS than	to have occurred on the date stated above, at 934 Pm.	
bout 8	2			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	l Onto allow
8. Trade, pro	fession, or particular f work done, as SPIN ER, BOOKKEEPER, etc	INFD			accinama of stomach	Oate of one
kind o SAWYI	ER, BOOKKEEPER, etc		ahorer.		0	195
9. Industry o	r businass in which was done, as SILK MI MILL, BANK, etc	LL,				
10. Date dece	ased last worked at cupation (month and		11. Total t	ime (years) nt in this upation		
					Other Coutributory Causes of importance:	
2. BIRTHPLACE ( Stata or c		not 1	known		Tomounages Jumes and alle	2-2a-
13. NAME		not 1	known			
13. NAME	CE (city or town)				Name of operation	7
(State	or country)	not 1	known		What test confirmed diagnosis? Was there an a	u'opay!
15. MAIDEN	NAME	not 1	known		23. If death was dua to external causes (VIOLENCE) fill in also tha following	:
15. MAIDEN I	CE (city or town)				Accident, suicida, or homicide? Date of Injury	, 19
(State	or country)	not	known		Whera did injury occur?	e)
			ankert ter, Mo	1.	Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PL	ACE.
7. INFORMANT (Address)		L d.			Manner of injury	
(Address) 8. BURIAL, CREM	ation, or REMOVA estminste	ercen	-Date		Mature of injury	
(Address) 8. BURIAL, CREM Place	J. Fr	rancis	s Reese	>	24. Was diseasa or injury in any way related to occupation of deceased?	
18. BURIAL, CREM	J. Fr	rancis		>		\%

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	7 1	Example II	
The principal cause of death and related causes of importance were as follows: MAR 6	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	ACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING	G INK—THIS IS A PERMANENT R
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MARGIN RESERVED FOR BINDING	Y, WITH CNFADING INK-THIS
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PHYSICIANS should state D. Every item of infor-

> stated EXACTLY. properly classified.

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AGE should

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

N. B. WRITE PLAI

Exact statement of OCCUPA-

STAT	TE OF M	ARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH			102
County Carrol			Registration Dist. No. 74
Village or City Spri	ngfield	State Hosp	italNo. Sykesville, Md. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or to			mosds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Sad	ie Reich		If U.S. Veteran specify WAR
(a) Residence: No. 31	OlHills		XM., Ward. Baltimore, Md.  If nonresident give city or town and State
PERSONAL AND ST	ATISTICAL F	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female   4. color or F	SACE 5. SINGI OR D	LE, MARRIED, WIDOWEI LYORCED (write the word LIED	21. DATE OF DEATH Pebruary 1, 1936. (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of John	H.Reich		22. I HEREBY CERTIFY, That I attanded deceased from July 1 19.35, to Pebruary 119.36.
6. DATE OF BIRTH (month, day, and ye	ear) Feh 1	5 1877	last saw her alive on ebruary 1 ,19 36; death is said
		ays If LESS th	
58	11	16   1 day,min.	
8. Trada, profassion, or particular kind of work done, as SPI SAWYER, BOOKKEEPER, et	NNER, LICERO	e a	Acute Broncho-Pneumonia 1-29-36.
kind of work done, as SPI SAWYER, BOOKKEEPER, et 9 Industry or businass in which work was done, as SILK M SAW MILL BANK atc	ano.use	MTT-6	
Industry or businass in which work was done, as SILK M SAW MILL, BANK, etc	ILL,		
10. Date daceased last worked at this occupation (month and year) ——AUSUS		1. Total time (yaars) spent in this occupation 34	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town)C (State or country)		le yland	Acute Gardiac Dilation 2-1-36
13. NAME Louis	H.Miller		
14. BIRTHPLACE (city or town) (State or country)	Not give	n in histo	Name of operation Data of What test confirmed diagnosis? Clinical Symasthere an autopsy? No.
15. MAIDEN NAME Sara	h L.Mill	er	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME SATA 16. BIRTHPLACE (city or town) (State or country)	Not g	iven	Accident, suicide, or homicide?
17. INFORMANT Springfi	eld Stat	e Hosp Red	(Specify city or town, county and State)
18. BURIAL CREMATION, OF REMOVA		2/4 ,19	Manner of injury Nature of injury
19. UNDERTAKER ARRENT S (Address) 13/7 3	and C	Street	24. Was disaase or injury in any way related to occupation of daceased?NQ
20. FILE Jeb. 1 , 1936	OHau	y Hell Registra	(Signad) Harry F. Baer, M.D. (Address) Sykesville, Md.
	If more blanks are	needed, address State Regi	strat, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

69

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none. RECEIVED

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Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			T TOTAL ST

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

 Patient	has	had	General	Ateriosclerosis	prior	to	admission	to	this	hospital
(July 1										

Harry F. Baer, M. D.

ARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.-

AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA. Exact statement properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY, WITH TION is very important.

STATE OF MADVIAND\_CEDTIFICATE OF DEATH

SIAIL OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH Maryland Tubercu	losis Sanatorium
county Carrell Colored	
Village or City Henryton, Md.	Al-
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Continuda Elizobath Dahi	. 18ds. How long in U.S. if of foraign birth?
2. FULL NAME	If U. S. Veteran, specify WAR
(a) Residence: No. 946 W. Saratoga St., Ba	ltimore, ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX	MEDICAL CERTIFICATE OF DEATH
OP DIVOPOED (switte the word)	21. DATE OF DEATH Feb., 21, 1936
remate   Colored   Married	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of George Robinson	22. I HEREBY CERTIFY, Thet I attended deceased from
(or) WIFE of George Robinson	April 3, 1935, Feb., 21, 1936
6. DATE OF BIRTH (month, day, and year) June 26, 1914	l lest saw h er elive on Feb. 21, 1936 deeth is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date steted ebove, et 11.45 m. A.M.
21 7 26 1 day, x x x x x x x x x x x x x x x x x x x	The PRINCIPAL CAUSE OF DEATH and releted causes of Importanca were es follows:
8. Trede, profession, or particular	Pulmonary Tuberculosis Daty Time
kind of work dona, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc	1934
9. Industry or business in which work was dona, as SILK MILL,	
SAW MILL, BANK, etc	
10. Data dacassed last worked et this occupation (month end yeer) - Unknown. Users Users Wn.	
	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland.	
13, NAME William Johnson	
Baltimore.	
(State or country)  Maryland.	Neme of operation Date of NO
15. MAIDEN NAME Estella Frisby	Whet test confirmed diegnosis? Was there an autopsy?
Baltimore,	23. If death was due to external causes (VIDL ENCE) fill in also the following:
J TO. DIRTHPLACE (CITY OF TOWN)	Accident, suicida, or homicide? Date of Injury, 19
	Where did injury occur? (Specify city or town, county and State)
John E. O'Neill, M. D.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Henryton, Md.  18. BURIAL, CREMATION, OR REMOVAL	
Plece MA - Quelon Constal 19 193/	Menner of injury
100 a 12-to 0 . 2 10 7	Nature of injury
19. UNDERTAKED	24. Wes disease or injury in any way related to occupetion of deceased? NO
IN TOTAL ST.	(Signed) Muli Mind Manuel M. D.
20. FILED 2/21/36, 19 Puty Local Registrar.	(Signed) . M. D. (Address) Henryton, Md.
Dopardy Local Registrar.	" (Agoress) - TICHT V UTI - Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
#W W / W			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-unplied. AGE should be stated EXACTLY. PHYSICIANS should state ARGIN RESERVED FOR BINDING

of OCCUPA-

Exact statement

properly classified.

pe

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAINLY, WITH

V. S. No. 1 ä ż STATE OF MARYLAND—CERTIFICATE OF DEATH

1	5	-	1
Í	U	1	4

1. PLACE OF DEATH	1011
County Captale.	Registration Dist. No. 74
Village or City Symples Well	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foreign birth?yrs
C C D	
2. FULL NAME CHIMA Jun Custo	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. 'If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jeb 18 (Month) (Dey) (Yeer)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I attended deceased fro
S DATE OF RIPTH (month day and year) Leb. 17 1936	l last saw h. Az alive on 344 17 1936: deeth is se
6. DATE OF BIRTH (month, day, end year) 7. AGE Yeers Months Days If LESS than	to have occurred on the date stated ebove, et
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	The DA
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	January
SAW MILL, BANK, etc.	6 month 1
10. Date deceesed lest worked et this occupetion (month and year) occupetion	- Coly
Vulgaria la	Other Contributory Canses of importence:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Alfred N. Rugeneer	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Mabel U. Beall	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Wabel U. Seall 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Oete of injury, 19
(Stete or country)	Where did injury occur?
17. INFORMANT Styled N. Rugewer (Address) superville md.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18/BURIAL, CREMATION, OR REMOVAL	Manner of injury
Milagoffica Cutterey Dete 100 - 19 1900	Nature of injury
19 UNDERTAKER House som Jus.	24. Was disease or injury in any way releted to occupation of deceased?
(Address), syptisfille med-	If so, specify
20 FILED Leb. 18 1936 QHarry Herr	(Signed)
Registrar.	(Address) Sy Resville mg

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago MILEGIO V. O. Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

)	item of infor-	should state	of OCCUPA-	1	
	Et AD. Every	PHYSICIANS	xact statement		TO CHARLES TO CONTRACT THE PARTY OF THE PART
DITTOIT	-WRITE PLAINEY, WITH CNFADING INK-THIS IS A PERMANENT RECARD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	te.	The state of the s
TO LOW	THIS IS A P	d be stated	y be properly	k of certifical	
ASSISTING INFORMATION FOR BINDING	ING INK-I	AGE should	so that it may	ctions on bacl	
TOTAL	TITE ONFAI	ally supplied.	plain terms,	TION is very important. See instructions on back of certificate.	
	PLAINLY, W	uld be carefu	DEATH in	ery important	
	-WRITE-	mation sho	CAUSE O	TION is w	

N. B.—WRIT

V. S. No. 1

1. PLACE OF DEATH	93.0
county Carrall	Registration Dist. No.
Village or City I Laufsterd mil	No. St., Wal death occurred in a hospital or institution, give its NAME instead of street and number)
"	ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Anna & Shaeffer  (a) Residence: No.  (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. 85% 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 - 2/- 193 6
ia. If married, widowed, or diverted	(Month) (Day) (Year)
(or) WIFE of John Shaeffet	22.   I HEREBY CERTIFY, that I attended deceased from 7 2/1, 1936, to 7 2/1, 1936
DATE OF BIRTH (month, day, and year) Meuch 9-1843	I last saw h. W. alive on TW . 18
AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at
77   0rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
SAWYER, BOOKKEEPER, etc.	John Mills I huchen
kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at his occupation (month and	Oprolito Ivagora raccos
10. Date deceased last worked at this occupation (month and spent in this	<b>+</b>
year) occupation	Otto Contributory Course of importance:
(State or country)	Jew Cert. Ochroses holann
13. NAME LUKUOW Raycob	
13. NAME LUKUOW MYCOB.  14. BIRTHPLACE (city or town) (State or country)  (State or country)	Name of operation Dete of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME William	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME WY (WOW)  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Jenuary	Where did injury occur?
17. INFORMANT Mis July a Seal Mill (Address) Hely hale at Mill	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, ORFMATION, OR REMOVAL Place order Ogul Date Feb 24, 1936	Manner of injury
19. UNDERTAKER Edward & Tipston (Address) Hampiteal mg	24. Was disease or injury in any way related to occupation of deceased? Y 6
20, FILED 2 - 22, 1936 Jus S. Aughas J	(Signed) Edgew M. Durch M.  (Address) Drawfished mill

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI
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N. B.-WRITE PLA

V. S. No. 1

TION is very important. See instructions on back of certificate.

Every item of infor-

STATE O	MARYL	AND-CER	TIFICATE	OF	DEATH
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- 6	pr	0-0,	0
1	5	6	05
	~		()

1. PLACE C	OF DEAT	тн			82-a × a/
		larroll.			Registration Dist. No. 76
Village or	CityI.	lear Wes	stminste	r	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of re	sidence in ci	ty or town where	death occurredE		s. 27. ds. How long in U.S. if of foreign birth?
2. FULL NA	AME	John '	r. Shafe	r	······································
(a) Reside	ence: No	near	r Westmi	nster	St., Ward.
			(Usual place		If nonresident give city or town and State
			ICAL PARTI		MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLO	R OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  February 22 , 193 6 (Month) (Day) (Year)
male	1	white	marr	ried	(Month) (Day) (Year)
5a. If married, wido HUSBAND of (or) WIFE of					22. 1 HEREBY CERTIFY, That I attended deceased from
(01) 11112 01	Mary	P. Mas	ssicott		Och 10h ,1935, to 1 ch. 22 - , 1936
6. DATE OF BIRTH	I (month, da)	y, end year) Be	eb. 26.	1866	liast saw hand alive on Mile 194, 1936; death is said
7. AGE Y	ears	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 8Qm.
69	)	11	27	ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were es follows:
8. Trade, prof	fession, or pa	articular as SPINNER,	2		Cerebral Hemorlinge O.S.
SAWYE	R, BOOKKEE	PER, etc	farmer	**********	
Nork work w	as done, es	SILK MILL, etc			
U 10. Date decea	ased last wor	rked et	11. Total t	ime (years) nt in this	
Citis occ	cupation (mo			nt in this upetion	
12. BIRTHPLACE (	eity or town)				Other Contributory Causes of Importence:
(State or co			vland		- Willia Selleviss
₩ 13. NAME	Sin	on Shai	fer		
13. NAME 14. BIRTHPLAC	CE (city or to	wn)			Name of operation. Date of
(State	or country)	Mar	yland		What test confirmed diagnosis? Clinical Was there an au'opsy? Loo
15. MAIDEN N	IAME	Keziah	Stocksd	lale	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLAC	CE (city or to	wn)			Accident, suicide, or homicide? Date of injury, 19
∑ (State	or country)	Mary	land		Where did Injury occur?)
17. INFORMANT	A	braham	Shafer		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)			ster, Mc		
18. BURIAL, CREMA			77 - 3	05 70	Manner of injury
Place_AAT	loers	Gew	DatePQ↓	25,19.36	Nature of injury
19. UNDERTAKER _			ncis Ree		24. Was disease or injury in any wey related to occupation of deceased? 24
(Address)	0	Westmin	nster, M	ld.	It'so, specify
20, FILED	24	1360	Mus	roden f	(Signed) Colombia M.D.
			,	Registrar.	(Address) Westweeting wed

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 6 1936	July 5, 1927	Perilonitis	3 days ago
9116 F/11 V, S. 1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1574
1. PLACE OF DEATH  County Correl, Mory	land Registration Dist. No. 82
Village or City Waltswill	No. St., Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME # Catherine & the	ipley
(a) Residence: No. Water sielle (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. a. Ahiples	22.   HEREBY CERTIFY, That I attended deceased from Nov 2 1931, to The 1 1936
6. DATE OF BIRTH (month, dey, and year)  7. AGE  Years  Months  Bay  If LESS than I day,hrs. ormin.	I last saw half alive on 3.1, 19.3.6; death is said to have occurred on the date steted above, at 1.4.5.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chebral Neworkone 11-21
work was done, as SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Thew Morrice (State or country) Fudered Co. M.	Other Contributory Causes of importance:
13. NAME Thomas E. Jawles	
13. NAME Traces & James 14. BIRTHPLACE (city or town) Facultaine Mills (State or country)	Name of operation
15. MAIDEN NAME Charlettes Sovie  16. BIRTHPLACE (city or town). I auntium mulls	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Tourstown Mulls (State or country) Frederical Co. 2004	Accident, suicide, or homicide?
17. INFORMANT Greene Mr. Honturaer	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL Place 1914 4, 1936	Manner of injury Nature of injury
19. UNDERTAKER Ware 46 ore I we. (Address) Lee carelle Md.	24. Was disease or injury in eny wey related to occupation of deceased? "No
20. FILED Fish 3 136 Show & Devy des Registrar.	(Signed) C, M, Van Poole M. D (Address) Mr Cury ned
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example I	=,	Example II		
The principal cause of importance were as	f death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MAD 6 1026	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	PUFFAH V. S.	July 5,1927	Peritonitis	3 days ago	
		14			
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				A SHOW	

PHYSICIANS should state

stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

-WRITE PLAINLY, WITH

E. ż TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE		Marvl	and Tube	rculosis Sanatorium or	
CountyC	carroll	24-2 3 4	Golo	rculosis Sanatorium 05 red Branch Registration Dist. No. 74	
Village or	City Henryton	, Maryla	nd	No.	Ward
			(If yrs9mos	death occurred in a hospital or institution, give its NAME instead of street and 15 ds. How long in U.S. if of foreign birth?	number) nosds.
2. FULL N	AME Sarah Si	egal		If U. S. Veteran, specify WAR None	
(a) Reside	ence: No. 1101 Br	ewer Str	eet, Bal	timore, Waryland. 0001	1
(4) 110010		(Usual place of	of abode)	If nonresident give city or town and	d State
	NAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	Colored	5. SINGLE, MARI	CIED, WIDOWED, O (write the word)	21. DATE OF DEATH February 23, 1936 (Month) (Day)	), 193 (Year)
5a. If married, wid HUSBAND of (or) WIFE of	owed, or divorcad		-4-30	May 8, 1935 1955 19 to Feb., 23, 1936	
6. DATE OF BIRTI	H (month, day, and year)	anuary 2	, 1907	Hast saw her alive on Feb., 23, 1936	; death is said
7. AGE Y	ears Months	Days	If LESS than  1 day,hrs.	to have occurred on the date stated above, at 11.00 P. W	
1	9 1	21	or XXXX	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Trade, pro	fession, or particular f work dona, as SPINNER,	Domesti	c	Pulmonary Tuberculosis	Feb.,
SAWTI	ER, BOOKKEEPER, etcr business in which	DOMOBUL			1935
work v	was done, as SILK MILL, MILL, BANK, etc		-		
Date dece	ased last worked at	I1. Total ti	me (years)		
this oc year).	cupation (month and UNKNOWN	Unkin	OWN		
12. BIRTHPLACE (		James, aryland.		Other Contributory Causes of importance:	
	Randolph S				
7					
14. BIRTHPLA	CE (city or town) St.	ryland.	~	Name of operation Date of	. No
-	NAME Hattie			What test confirmed diagnosis? Was there an	
T.				23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	
16. BIRTHPLA	CE (city or town) St.	Maryland	****	Where did injury occur?	, 19
	John E. O'Ne		D.	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	
	ATJON, OR REMOVAL	oon, mar	y Land.	Manner of injury	
Place A	At. aforen	1 Date Stel	24 1530	Nature of injury	
19. UNDERTAKER (Address)		H. Hole	land	24. Was disease or injury in any way related to occupation of deceased?	No
20. FILED 2/2	1031 Justices 1	46.0	neil.	If so, specify (Signed)  (Signed)	el2_m.
	/ J	eputy Lo	Cal Registrar.	(Address) Henryton, Maryland	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# ARGIN RESERVED FOR BINDING

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCITDAL TION is very immersant. TION is very important. See instructions on back of certificate. N. B.-WRITE PLAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Carroll	Registration Dist. No. 75
Village or City Near Marichester	NoSt. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Stange Emory &	nith
(a) Residence: No. (Usual place of abode)	St., Ward.    Ward
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH F. 23 193 6
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Ida M (Barber) Smith	22. J HEREBY CERTIFY That Lattended decessed from 7 cb 23, 19 36, to Feb 13, 1936
6. DATE OF BIRTH (month, day, and year) aug 19 1878	I last saw howalive on Jeb 23 , 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at JO P.m.
. 57 6 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER.	7
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Certoral Hurorhage 2/23/3
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation month and year)  11. Total time (years) spant in this occupation	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Hypertension 1930
13. NAME NAME NAME	reconstrat with 1970
13. NAME  14. BIRTHPLACE (city or town)	Neme of operation Date of
14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Serville Rudinill	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sevella Rudisill  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homlolde? Date of injury, 19
State or country) Imparation	Where did Injury occur?
17. INFORMANT Samuel Smith	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place Black Roch Pa Date 1-26, 1936	
19. UNDERTAKER Jucol Warles Sons (Address) managements	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Feb. 25, 183 mm. M. R. S. Denner Registrar.	(Signed) W, R, S, Denner M. [ (Address) Manchesty Md
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonitis	3 days ago
	Other contributory causes of importance:	100
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

AGE should be stated EXACTLY. PHYSICIANS should state

AD. Every item of infor-

Exact statement of OCCUPA-

CTATE OF MADYLAND CERTIFICATE OF DEATH	
STATE OF MARYLAND—CERTIFICATE OF DEATH	ä
7/	
	Mand
Village or Oily V Tublicant St.,  (If death occurred in a hospital or institution, give its NAME iostead of street and num	Ward
Length of residence in city or town where death occurred yrs	ds.
2. FULL NAME The Thomas If U.S. Veteran specify WAR.	
(a) Residence: No. St., Ward.  (Usual place of abode) St., Ward.  (Usual place of abode) If nonresident give city or town and Sta	te.
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH	_
male white OR DIVORCED (write the word)	93 (Year)
5a. If merried, widowed, or divorged HUSBAND of 22. I HEREBY CERTIFY That Lattended dec	(1001)
(or) WIFE of 19 to	eesed from
6. DATE OF BIRTH (month, day, and year) Muchown 1858   last saw h = alive and file 2/91,1036;	leath Is said
7. AGE Years   Months   Days   If LESS than to have occurred on the date stated above, at	
The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:	ate of enset
9 Trade profession or particular	2/1
9. Industry or business in which	11.0/5/
work was done, as SILK MILL, SAW MILL, BANK, etc.	
year) Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town) Date of	nsv20
15. MAIDEN NAME  23. If death was due to externel causes (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide?  Date of injury	, 19
(Stete or country)  Where did Injury occur?  (Specify city or towo, county and State)	
17. INFORMANT Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE (Address)	
18. BURIAL, CREMATION, OR REMOVAL Manner of injury	
Place This Total Nature of injury Nature of injury	7
19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased?	
(Address) / The Man Hon If Go, specify	a OR
20. FILED 2/ 190 6 Micoodwood (Signed)	M. 07

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Example I		Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	5 5 5
0.1	CAL
S. No.	m T
>	z

1. PLACE OF DEATH  County Lasroll		Registration Dist. No.	
D	0	negistration Dist. No.	
Village or City Small	wood	NoSt.,St., f death occurred in a hospital or institution, give its NAME instead of street and nur	mber)
Length of residence In city or town where		ds. How long in U.S. if of foreign birth?yrsmos.	
2. FULL NAME Comm.	a Gune War.	the line	
(a) Residence: No.		St. Ward.	
(a) Residence. No.	(Usual place of abode)	If nonresident give city or town and St	ate
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 buary 29	193_6_
	marine	(Month) Day)	(Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Henry	alklina	22. I HEREBY CERTIFY. That I attended de	ceased fr
6. DATE OF BIRTH (month, day, and year)	011 050 150	Hast saw has elive on February 1936:	death Is s
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at \$25.2m.	
79 9	1 dey,hrs.	THE I KINCH AL CAUSE OF BEATH and related causes of importance	
8. Trade, profession, or particular	7   ormin.	were as follows:	Nov.
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Mone	Bronslitte	1935
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
		Other Contributory Causes of importance:	huk
12. BIRTHPLACE (city or town) (State or country)	•	Caucer of air-	
13. NAME michael	74 010.		
I	reg	00.008	
(State or country)		Name of operation Oate of Oate	. 1
œ	many o	Whet test confirmed diagnosis? Calpalian Was there an aut	opsy?
- June	Musicacher	23. If death was due to external causes (VIOLENCE) fill In elso the following:	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	, 19
(State or country)	muny	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT AUM Was	ninsted med	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLAC	Ε.
18. BURIAL, CREMATION, OR REMOVAL	h / 9 21	Manner of injury	
Place Smallwood ben	1. Date March 2, 1936	Nature of injury	
19. UNDERTAKEN Bench en	of favor	24. Was disease or injury In any way related to occupation of deceased?	0
20. FILEO 2/3 , 19.76 V	Messon	(Signed) Chan R Journey	Isc &
	Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	KIKY

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Chronic interstitial nephritis 1930	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



ARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAN LY, WITH UNFADING INK—THIS IS A PERMANENT RECOXD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF MEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-0 × 1019
County County	Registration Dist. No.
Village or Cityly: Frigelburg	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Mrs I da May Walter	
(a) Residence: No. Livestimumster Red	G.St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH    Color   C
5a. If marriad, widowed, or-divorced  HASBAND of  (or) WIFE of	22. 1 HEREBY CERTIFY, Thet i attended decessed from
See of 1011 acts	Feb. 20 1934, 10 Feb. 244, 1934
6. DATE OF BIRTH (month, day, and year)	i last saw han alive on Tel. 23 , 1936; daeth is said
7. AGE Yaars Months Days If LESS than	to heve occurrad on tha date stated abova, at 8.3.92.m.
74 — 5 — 9 1day,hrs.	Tha PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done as SPINK MILL	Cerebrul Semorlings Fil.
J. Industry or business In which	1930
SAW MILL, BANK, etc	
Linkenson	Other Coutributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME  14. BIRTHPLACE (city or town)	Name of operation
(Stata or country)	What test confirmad diagnosis? Cluricul Was there an autopsy? To
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homitide? Date of injury, 19
∑ (State or country)	Whare did injury occur?
17. INFORMANT Courage & Wattle RD.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Weldonia Cansaa Date Set 28, 1936	Nature of injury
19. UNDERTAKER OUTUS TOUR	24. Wes disaesa or injury in eny way related to occupation of dacaased?
(Address)	(Signad) C. L. Bellings Com. M. D.
20. FILED 1930 Registrar	(Addrass) Westernisetter, and.
If more blanks are needed, address State Redistrar.	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FO	OR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

-CERTIFICATE OF DEATH 1580
(82-70)
Registration Dist. No. 70
NoSt.,Ward
If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foraign birth?yrsmosds.
St. Ward.
If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (Year)
22. I HEREBY CERTIPY That I attended deceased from
- 51/10th 1926 to Sule, 12th 1936
i last saw h aliva on Diffe 12 tp, 19 36; death is said
to have occurred on the date stated above, at 2m.
The PRINCIPAL CAUSE OF DEATH and related causas of importanca wera as follows:
heretral Hemonton Sin
Jan 10
1996
Other Coutributory Causes of importance:
Name of operation Date of Date of
What test confirmed diagnosis? Was there an aulopsy?
23. If death was due to external causes (VIOLENCE) fill in also tha following:
Accident, suicida, or homicide? Date of injury
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury
- Nature of injury
24. Was disease or injury In any way ralated to occupation of deceased? MD
If so, specify
(Signed) (Address) M. D. (Address) M. D.
(Modless) B. A. L.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage PAUV. S.	July 5, 1927	Peritonitis	3 days ago	
	-			
Other contributory causes of importance:		Other contributory causes of importance:		
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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN